

RECEIVED

JUL 17 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 07454 243

1. PLACE OF DEATH:

County..... Prince Georges
City or town..... Glenn Dale, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 9 mos., 4 days
Hospital, institution, or street address where death occurred:
Glenn Dale Sanatorium
How long in hospital or institution? 9 mos., 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... D.C. County.....
City or town..... Washington
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1316 L. Street, N. W.
(If rural, give LOCATION) ✓
2.(a) If veteran, name war.....

3. (a) FULL NAME

LAWRENCE BANKS

3. (b) Social Security Number

295-05-1878

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Divorced
6. (b) Name of husband or wife Elizabeth Altterton
6. (c) If alive, give age 29 years
7. Birth date of deceased (mo., day, yr.) September 24, 1916
8. AGE: Years Months Days If less than one day
31 31 9 13 hrs. min.

9. Birthplace Anderson, South Carolina
(Town, county, and state)
10. Usual occupation Bellman, Ambassador Hotel
11. Industry or business - - -

12. Name Dorce Banks
13. Birthplace ?
14. Maiden name O. C. Henderson
15. Birthplace ?

16. Informant Deceased

Address Wash. D.C.
17. (Burial, cremation, or removal, Which?) Date thereof July 7, 1948
(month) (day) (year)

Cemetery or crematory
Location Washington, D.C.
18. Funeral director W. W. Chambers Jr.
Address 1400 - Chapin St. S.W.

19. July 7, 1948 Rowland S. Philips
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7, 1948, at 5:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 2, 1947, to July 7, 1948
and that I last saw him alive on July 7, 1948

Immediate cause of death Pulmonary Tuberculosis
DURATION 10 mo.

Due to
Due to

Other conditions
(Include pregnancy within 8 months of death)

Major findings of operations
Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Daniel Leo Fineman M.D.
M. D. or other
Address Glen Dale Md. Date signed 7-7-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 16 1948

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

County Pennie George
 City or town Columbia Park
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 50 yrs
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Pennie George
 City or town Columbia Park
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. none
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Annie Barnacko

3. (b) Social Security Number

none

4. Sex female 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed
 6. (b) Name of husband or wife James K. Barnacko
 7. Birth date of deceased (mo., day, yr.) April 26, 1861 8. (c) If alive, give age 87 years
 8. AGE: Years 87 Months 3 Days - If less than one day - hrs. - min.

9. Birthplace Wash. D.C.
 (Town, county, and state)
 10. Usual occupation house duties
 11. Industry or business -

12. Name John Crowley
 13. Birthplace Ireland
 14. Maiden name Johanna Murphy
 15. Birthplace Wash. D.C.
 16. Informant Ralph F. Barnacko
 Address Columbia Park Ind.
 17. Burial Int. Olivet Date thereof July 29, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Washington D.C.
 Location Washington D.C.
 18. Funeral director F. G. G. G. G. G.
 Address Hyattsville Md.
 19. 7/27 1948 Ananda Douney
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1948, at 11 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 20 1948 to July 26 1948
 and that I last saw him alive on July 24 1948

Immediate cause of death carcinoma of stomach
cause unknown

DURATION

5 moDue to cause unknownDue to cause unknownOther conditions -

(Include pregnancy within 3 months of death)

Major findings of operations -Date of op. -Autopsy results -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

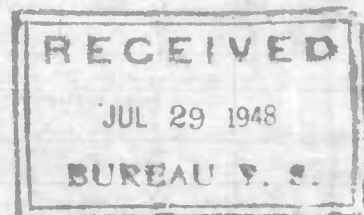
22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - Date of -Where did injury occur? - (City or town) (County) (State)Injured at home, farm, industry, public place (where?) -Means of injury - Injured at work? -

23. SIGNATURE J. M. Brady, M.D. M. D. or other -
 Address Seat Pleasant Md. Date signed July 26, 1948

MASSACHUSETTS DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 23196

1. PLACE OF DEATH:

County Prince Georges
City or town Oak Crest - Laurel
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Pr. Georges
City or town Oak Crest - Laurel
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Powell M. Kirby Bassil

3. (b) Social Security Number

4. Sex M 5. Color or race C. 6.(a) Single, married, widowed, or divorced Married
6.(b) Name of husband or wife Ethel Maye Bassil
6.(c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) May 18, 1900
8. AGE: Years 48 Months 1 Days 17 If less than one day
hrs. min.

9. Birthplace Washington, D.C.
(Town, county, and state)
10. Usual occupation Cook

11. Industry or business

12. Name Peter Bassil

13. Birthplace Va

14. Maiden name Emma Belle Jackson

15. Birthplace Va.

16. Informant Grace Ella Day

Address 4308. Sandvol St. Balt. Md.

17. Removal Removal Date thereof July 6, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Garvie Funeral Home

Location 1432 1/2 St. N.W. Washington D.C.

18. Funeral director L. Caschi Sore

Address Hyattsville Md

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 19 48 at 1:55 P.M. Return

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
19 to 19
and that I last saw him alive on 19

Immediate cause of death

Cardiac Decompensation Sudden

Due to mitral insufficiency 1 yr.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Injured at work?

23. SIGNATURE John J. Maloney M.D. Dep-
Address Cherry - Md. M. D. or other
Date signed 7-6-48

19 July 6 19 48 Amanda Downey
(Date rec'd by registrar) Registrar M. Boast

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 10 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 242

1. PLACE OF DEATH:

County 4534 Wheelers Rd SE
City or town Oxon Hill - W. Geo's Lx Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Solomon Beach

3. (b) Social Security Number

4. Sex

Male

5. Color or race

Col

6. (a) Single, married, widowed, or divorced

unmarried

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

1893

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

55

hrs.

min.

9. Birthplace

Oxon Hill, Md.
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

MOTHER FATHER

12. Name

J R Beach

13. Birthplace

Unk.

14. Maiden name

Susan Epps

15. Birthplace

Unk.

16. Informant

Daniel Beach

Address

4534 Wheelers Rd SE

17. Burial

(Burial, cremation, or removal, which?)

Date thereof

July 12-1948
(month) (day) (year)

Cemetery or crematory

Arlington Mt. Cem.

Location

Virginia

18. Funeral director

Robert H. Mason

Address

2500 Nichols Ave SE

19. Date rec'd by registrar

July 8 1948

1948

Edna Collins

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Prince Georges

City or town Oxon Hill
(If outside city or town limits, write RURAL and give nearest town)

Street No. Oxon Hill 4534 Wheelers Rd.
(If rural, give LOCATION)

2. (a) If veteran, name war 4554 Wheelers Rd.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1948 at 830 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 25 1948 to July 8 1948

and that I last saw him alive on July 8 1948

Immediate cause of death

Pulmonary Edema

DURATION

1 day

Due to

Hypertensive Cardio-Renal Disease.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

23. SIGNATURE

J. Edwin Joyce M.D.

M. D. or other

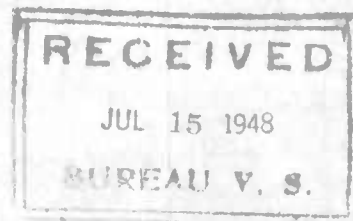
Address 2423 Nichols Ave SE Date signed July 8-48

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1948
-22-
268



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

596 87458

1. PLACE OF DEATH

County Prince George's CountyVillage or City Bradbury HeightsRegistration Dist. No. 242No. 5107 W St., S.E. St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U.S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

ANNIE L. BEAVERS(a) Residence: No. 5107 W St., S.E. St. Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>FEMALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>WIDOWED</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofTHOMAS R. BEAVERS6. DATE OF BIRTH (month, day, and year) SEP 13 1870

7. AGE <u>77</u>	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
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OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.None9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country) Washington DC13. NAME George Hugherton14. BIRTHPLACE (city or town)
(State or country) Corn15. MAIDEN NAME Agnes Kyle16. BIRTHPLACE (city or town)
(State or country) Unknown17. INFORMANT Charles L. Beavers
(Address) 5107 W St., S.E.

18. BURIAL, CREMATION, OR REMOVAL

Not Buried Date Wed 7/14/4819. UNDERTAKER W. W. Chambers Co
(Address) 517 11th St., S.E.20. FILED July 12, 1948 Carrie Campbell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

JULY 11, 1948
(Month) (Day) (Year)22. I HEREBY CERTIFY That I attended deceased from
SEPTEMBER, 1947, to SEPTEMBER 9, 1948.I last saw her alive on JULY 9, 1948; death is saidto have occurred on the date stated above, at 5:35 p.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:HYPERTROPHIC
HYDROSTATIC PNEUMONIA
HYPERTROPHIC ARTHRITIS

Date of onset

JULY 9, 1948
1941

Other Contributory Causes of Importance:

Name of operation NONE Date of _____What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Ernest C. Cornelissen M. D.(Address) 4400 Bowen Rd. S.E.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other contributory causes of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>
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Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other contributory causes of importance:

<i>Gastroenteritis</i>	<i>1 year</i>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 07459

1. PLACE OF DEATH:

County Prince Georges
City or town Laurel
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? off + on since 1931
Hospital, institution, or street address where death occurred:
Laurel Sanitarium
How long in hospital or institution? Oct 4 1939 to July 13 1948

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD. County PRINCE GEORGE
City or town LAUREL
(If outside city or town limits, write RURAL and give nearest town)
Street No. WASH. BLVD.
(If rural, give LOCATION)
2. (a) If veteran, name war No

3. (a) FULL NAME

Bixler, Jacob M.

3. (b) Social Security Number

No

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Widower

6. (b) Name of husband or wife Margaret (deceased)

7. Birth date of deceased (mo., day, yr.) Dec. 20. 1869 6. (c) If alive, give age _____ years

8. AGE: Years 78 Months 6 Days 24 If less than one day _____ hrs. _____ min.

9. Birthplace Carroll Co., Md.
(Town, county, and state)

10. Usual occupation Internal Rev. Miskey Wagner
W/ST REEKEEPER

11. Industry or business "

12. Name Noah Bixler

13. Birthplace Baltimore Maryland

14. Maiden name Susan Wheeler

15. Birthplace Maryland

16. Informant MRS. J. ARTHUR DE HOFF

Address WINDSOR COURT APTS.

17. BURIAL Date thereof 7/16/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery MT. CARMEL CEMT

Location BALTO. CO. MD.

18. Funeral director Wm T. TIBBNER & SONS

Address BALTO. MD.

19. 7/15 48 Asw Hedrick
(Date rec'd by registrar) (year) (month) (day) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 19 48 at 11.45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 3 19 48 to July 13 19 48

and that I last saw him alive on July 13 19 48

Immediate cause of death myocardial failure DURATION 7 days

Due to Senility Several years

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J. F. Robinson, M.D. M. D. or other Laurel Sanitarium
Address _____ Date signed July 16, 1948

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

170 C

07460

Reg. Dist. No. 2131

1. PLACE OF DEATH:

County Prince GeorgeCity or town Cheverly, Md.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 9 hr 24 minHospital, institution, or street address where death occurred:
PRINCE GEORGE GENERAL HOSPITALHow long in hospital or institution? 9 hr 24 min

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State VIRGINIA County NorfolkCity or town Norfolk, Virginia
(If outside city or town limits, write RURAL and give nearest town)Street No. 830 Maury Place
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Julius Block4. Sex m 5. Color or race Jewish 6.(a) Single, married, widowed, or divorced married6.(b) Name of husband or wife Lenore Block7. Birth date of deceased (mo., day, yr.) 19098. AGE: Years 39 Months Days It less than one day hrs. min. 9. Birthplace Norfolk Va
(Town, county, and state)10. Usual occupation Scrap Iron Business

11. Industry or business

12. Name Nathan Block13. Birthplace Norfolk, Va14. Maiden name Rachel Kiersner15. Birthplace Va16. Informant Mr. Hyman BlockAddress 741 Shirley Ave
Norfolk, Va17. Burial Date thereof July 19, 1948
(Burial, cremation, or removal) (month) (day) (year)Cemetery or crematorium Norfolk VaLocation Oliver's Funeral Home18. Funeral director J. Kellin - Sons, Sons Co.Address 300 - 4th St. N.E. Washington D.C.19. 7/18 19 48 Amanda Moser
(Date rec'd by registrar) Registrar

3.(b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-18-48 19 48 at 7:07 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

.....19....., to.....19.....

and that I last saw him.....alive on.....19.....

Immediate cause of death.....

Laceration of brainstemDue to Head injury inautomobile accident

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide suicide Date of 7-17-48Where did injury occur? P.S. (City or town) (County) (State)Injured at home, farm, industry, public place Antietam Creek HwyMeans of injury blow to head in car23. SIGNATURE James P. Foster M. D. or otherAddress Reston, Va Date signed 7-18-48

1909

39

1948

RECEIVED

JUL 21 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: Prince Georges
County.....
Glenn Dale, Maryland
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 11 yrs., 9 mos., 19 days
Hospital, institution, or street address where death occurred:
Glenn Dale Sanatorium
How long in hospital or institution? 11 yrs., 9 mos., 19 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State D. C. County.....
City or town Washington
(If outside city or town limits, write RURAL and give nearest town)
Street No. 631 Maryland Avenue, N. W.
(If rural, give LOCATION) ✓
2.(a) If veteran, name war.....

3. (a) FULL NAME

MARY BONI

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Thomas Boni

7. Birth date of deceased (mo., day, yr.) June 21, 1897 6. (c) If alive, give age - years

8. AGE: Years Months Days If less than one day
51 51 1 9 hrs. min.

9. Birthplace Washington, D. C.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business - - -

FATHER 12. Name Anthony Tassa
13. Birthplace ? Italy

MOTHER 14. Maiden name Rose Gampana
15. Birthplace ? Italy

16. Informant Deceased

Address

17. removal (Burial, cremation, or removal. Which?) Date thereof July 31, 1948
(month) (day) (year)

Cemetery or crematory Washington, D.C.
Location W. W. Chambers Co.

18. Funeral director Washington, D.C.
Address

19. 7-31 19 48 Rowland S. Phillips
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30, 1948 at 9 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 10, 1936 to July 30, 1948 and that I last saw her alive on July 30, 1948

Immediate cause of death Pulmonary Tuberculosis DURATION 26 yrs

Complications: Bronchiectasis (tuberculous) } 10 yrs
Pulmonary fibrosis + emphysema

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Daniel Leo Diincane MD M. D. or other

Address Glenn Dale Md. Date signed 7/30/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 9 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age and birth date shown on: is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of age
and birth date shown on:

FILM No. G 11, AUG 30 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07462

Reg. Dist. No. 105

1. PLACE OF DEATH

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2(a) If veteran, name war.....

3. (a) FULL NAME

McLain Booth

3. (b) Social Security Number

4. Sex

M

5. Color or race

Col

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Ida Booth

7. Birth date of deceased (mo., day, yr.)

Dec. 20, 1872 1863

6. (c) If alive, give age 70? years

8. AGE:

Years

Months

Days

If less than one day

84

7/4

7

8

hrs.

min.

9. Birthplace

Brandynie

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

FATHER

12. Name

Unknown

13. Birthplace

MOTHER

14. Maiden name

Rose Hawkins

15. Birthplace

md.

16. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 28

1948, at 2 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19.....

to.....

19.....

and that I last saw him..... alive on.....

19.....

Immediate cause of death

Apoplexy

Due to.....

Due to.....

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.....

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of.....

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

Edwin D. Lane M.D.

M. D. or other

Address

Waldorf Md

Date signed

7/29/48

8-2-48

7 H. Bellinger

RECEIVED

AUG 4 1948

BUREAU T. S.

ARTICLE 100-100000

945 CONTENT

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Prince GeorgesCity or town Cleesecht
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 13 days

Hospital, institution, or street address where death occurred:

Prince Georges HospHow long in hospital or institution? 13 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Prince GeorgeCity or town Riverdale
(If outside city or town limits, write RURAL and give nearest town)Street No. 5901 Cleveland Ave

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Mr. Brice Bowie

3. (b) Social Security Number

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

widowed6. (b) Name of husband or wife Sadie H. Bowie7. Birth date of deceased (mo., day, yr.) Feb 5, 1879

6. (c) If alive, give age years

8. AGE: Years 69 Months Days It less than one day hrs. min.9. Birthplace Woxington DC
(Town, county, and state)10. Usual occupation Clerk

11. Industry or business

12. Name Leonard O. Bowie13. Birthplace Ind.14. Maiden name Wilhelmina Shew15. Birthplace Washington D.C.16. Informant Wm BowieAddress University Park Md17. Burials Date thereof July 15, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory GlenwoodLocation Washington D.C.18. Funeral director F. Pasche, Sr.Address Hyattsville Ind.19. 7/14 19 48 Amanda Downey
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 13 July 19 48 at 1:50 p. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

6:30 19 48, to 7:13 19 48and that I last saw him alive on 7-12 19 48Immediate cause of death SpontaneousMyocardial Infarction(Right) with ShockDue to Emphysema with BlotFormation. 2 Previous attacksin past 3 weeks.

DURATION

20 min.(Clot)3 wks.

Other conditions

(Include pregnancy within 3 months of death)

Major findings at operations

Date of op.

Autopsy results Same

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE U.B. Myers M.D.Address Met. Prison Ind. Date signed 7-14-48

RECEIVED

JUL 19 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

07478
231

1. PLACE OF DEATH:

County Prince GeorgesCity or town Chesley
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 8 Years

Hospital, institution, or street address where death occurred:

Prince Georges HospitalHow long in hospital or institution? 8 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Prince GeorgesCity or town Edmonston
(If outside city or town limits, write RURAL and give nearest town)Street No. 4900-49th Avenue
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Brown, Mr Ernest

3.(b) Social Security Number

4. Sex

M

5. Color or race

W.

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

Agusta

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

Feb 2, 1877?

8. AGE:

Years

Months

Days

If less than one day

71?

hrs. min.

9. Birthplace

Pa

(Town, county, and state)

10. Usual occupation

Produce Merchant

11. Industry or business

Eastern Market

12. Name

Winfield Brown

13. Birthplace

Pa

14. Maiden name

Kate Rhodes

15. Birthplace

MD

16. Informant

Mrs W. Warren BrownAddress 1117 N. Filmore St., Arlington Va

17.

BurialDate thereof July 10, 1948
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory

Prospect Hill

Location

Washington DC

18. Funeral director

F. Buche Song

Address

Hyattsville Md.

19.

7/10

19.

48Amanda Downey

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 19 48 at 10³⁵/P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 4 19 48 to July 7 19 48and that I last saw him alive on July 7 19 48

Immediate cause of death

Uremia

DURATION

3 days

Due to

chronic Glomerular Nephritis 1 year

Due to

Branchopneumonia 2 days

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Samuel J. N. Sugar MD

M. D. or other

Address

4300 Raymont Drive
MD. Lanier MDDate signed July 8 '48

RECEIVED

JUL 13 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:

County Prince George
 City or town Rural, Hyattsville, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 6 weeks
 Hospital, institution, or street address where death occurred:
Mother Jones Rest Home
 How long in hospital or institution? 6 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery
 City or town Chevy Chase
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 4807 Leland St.
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Margaret Cole Buckley

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife William
 7. Birth date of deceased (mo., day, yr.) Dec. 11, 1876
 8. AGE: Years 71 Months 7 Days 13 If less than one day _____ hrs. _____ min.

9. Birthplace Washington, D.C.
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business Own home
 12. Name James Cole
 13. Birthplace Ireland
 14. Maiden name Margaret Cohan
 15. Birthplace Ireland

16. Informant Miss Margaret J. Buckley
 Address 4807 Leland St. Chevy Chase, Md.
 17. Burial Date thereof July 28, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Mt. Olivet
 Location Washington, D.C.
 18. Funeral director Warner E. Humphrey, Inc.
 Address 8434 Ga. Ave. Silver Spring, Md.

July 27 1948 James Berry Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24th 1948 at 9:30P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1937 to July 1948and that I last saw her alive on July 23 1948

Immediate cause of death Uremia, underlying cause Chr. Hypertension DURATION 3 weeks

Due to

Due to

Other conditions

Chronic Hypertension 20 yrs
 (Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James Berry M. D. or otherAddress 8016 Georgetown Rd. Date signed 7/26/48

RECEIVED

JUL 28 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 072853.

1. PLACE OF DEATH:

County..... Prince Georges
 City or town..... Glenn Dale, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 mos., 13 days
 Hospital, institution, or street address where death occurred:
 Glenn Dale Sanatorium
 How long in hospital or institution? 3 mos., 13 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... D. C. County.....
 City or town..... Washington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 316 Broad Court, S. W.
 (If rural, give LOCATION)
 2.(a) If veteran, name war..... ✓

3. (a) FULL NAME

EVA CHASE (WOOD)

3. (b) Social Security Number

4. Sex Female 5. Color or race Negro 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife Perry Chase
 6.(c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) April 29, 1903
 8. AGE: Years Months Days If less than one day
 45 45 3 1hrs.min.

MEDICAL CERTIFICATION

20. DATE OF DEATH..... July 30, 1948 at 8:20 P.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 Apr. 16, 1948 to July 30, 1948
 and that I last saw her alive on July 30, 1948

Immediate cause of death..... Pulmonary Tuberculosis
 DURATION 7 mo.

9. Birthplace..... Washington, D. C.
 (Town, county, and state)
 10. Usual occupation..... Housewife
 11. Industry or business.....
 12. Name Charles Wood
 13. Birthplace ? Maryland
 14. Maiden name Mary Diggs
 15. Birthplace ? Maryland

Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

16. Informant Deceased
 Address.....
 17. ~~Personal~~ (Burial, cremation, or removal. Which?) Date thereof July 31, 1948
 (month) (day) (year)

Major findings of operations.....
 Date of op.
 Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

Cemetary or crematory.....
 Location Washington, D.C.
 18. Funeral director Eugene Ford
 Address 1213- 4th St., S.W., Washington, D.C.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

19. 7-31-48 Rowland S. Philips
 (Date rec'd by registrar) Registrar

23. SIGNATURE Daniel Leo Pinicane M.D.
 M. D. or other
 Address Glenn Dale, Md. Date signed 7/30/48

RECEIVED

AUG 9 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. **07466** **243**

1. PLACE OF DEATH:

County..... **Prince Georges**
City or town..... **Glenn Dale, Maryland**
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? **1 yr., 11 mos., 9 days**
Hospital, institution, or street address where death occurred:
Glenn Dale Sanatorium
How long in hospital or institution? **1 yr., 11 mos., 9 days**

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State..... **D. C.** County.....
City or town..... **Washington**
(If outside city or town limits, write RURAL and give nearest town)
Street No..... **51 You Street, N. W.**
(If rural, give LOCATION) ✓
2.(a) If veteran, name war.....

3.(a) FULL NAME

CLARK, VIVIAN

3.(b) Social Security Number

- -

4. Sex..... **Female**
5. Color or race..... **White**
6.(a) Single, married, widowed, or divorced..... **Married**
6.(b) Name of husband or wife..... **Clayton Clark, Sr.,**
6.(c) If alive, give age..... **30** years
7. Birth date of deceased (mo., day, yr.)..... **February 27, 1916**
8. AGE: Years..... **32** Months..... **32** Days..... **4** If less than one day..... hrs. min.
6

8. Birthplace..... **Washington, D. C.**
(Town, county, and state)
10. Usual occupation..... **Housewife**
11. Industry or business.....
12. Name..... **John Petz**
13. Birthplace..... **Baltimore, Maryland**
14. Maiden name..... **Vinda Phillips**
15. Birthplace..... **Lauray, Virginia**

16. Informant..... **Deceased**
Address.....
17. Burial..... **Burial** Date thereof..... **July 7, 1948**
(Burial, cremation, or removal, Which?) (month) (day) (year)
Cemetery or crematory..... **Washington National Cemetery**
Location..... **Greensboro Va.**
18. Funeral director..... **J. H. Hines Co.**
Address..... **2901 14th St N.W.**
19. July 3, 1948 **Rowland S. Phillips**
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... **July 3, 1948** at **11:25** a.m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **7/23** 19**46**, to **7/3** 19**48**
and that I last saw him alive on **7/3** 19**48**
Immediate cause of death..... **pulmonary tuberculosis** DURATION **2 yrs.**
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)
Major findings of operations.....
Date of op.....
Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of.....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury..... Injured at work?
23. SIGNATURE..... **Daniel Leo Pinucano MD**
M. D. or other
Address..... **Glenn Dale, Md.** Date signed..... **7/3/48**

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 16 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County PRINCE GEORGESCity or town BOWIE
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 21 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

GEORGE HENRY COBURN

3. (b) Social Security Number

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

MARRIED6. (b) Name of husband or wife ANNA L. COBURN

6. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

JULY 29, 1981

8. AGE:

Years

66

Months

11

Days

15

It less than one day

hrs.

min.

9. Birthplace

STRANTON, N. CAR.

(Town, county, and state)

10. Usual occupation

RETIRED GOV'T EMPLOYEE

11. Industry or business

U.S. GOV'T

FATHER

12. Name

SIDNEY COBURN

MOTHER

13. Birthplace

N. CAR.

14. Maiden name

SOPHIA WILLIAMSTON

15. Birthplace

N. CAR.

16. Informant

MRS ANNA L. COBURN

Address

BOWIE, MD.17. BURIAL

(Burial, cremation, or removal. Which?)

Date thereof

JULY 17, 1988

(month) (day) (year)

Cemetery or crematory

FT. LINCOLN CEMETERY

Location

BLADENBURG RD. AT D.C. LINE

18. Funeral director

James H. Harker

Address

515 Washington Blvd., Laurel, Md.19. July 14

(Date rec'd by registrar)

1988

Two

Wm. Agnes Youngling

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State

Maryland

County

PRINCE GEORGES

City or town

BOWIE

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH

JULY 14

19

48

at

6:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov. 23

19

43

to

July 14

19

48

and that I last saw him alive on

July 14

19

48

Immediate cause of death

Coronary Thrombosis

DURATION

5 mos

Due to

Arteriosclerosis3 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. M. Marney M.D.

M. D. or other

Address

Laurel Md

Date signed

7/14/88

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 16 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: Prince Georges
County.....
City or town..... Glenn Dale, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 mos., 23 days
Hospital, institution, or street address where death occurred:
Glenn Dale Sanatorium
How long in hospital or institution? 2 mos., 23 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State..... D. C. County.....
City or town..... Washington
(If outside city or town limits, write RURAL and give nearest town)
Street No. 5939 Utah Avenue, N. W.
(If rural, give LOCATION) ✓
2.(a) If veteran, name war.....

3. (a) FULL NAME
LEONARD COOLEY

3. (b) Social Security Number
- - -

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Lillian L. Cooley

7. Birth date of deceased (mo., day, yr.) June 16, 1891 6. (c) If alive, give age 50 years

8. AGE: Years 57 Months 57 Days 1 If less than one day 7 hrs. min.

9. Birthplace Washington, D. C.
(City, town, county, and state)

10. Usual occupation state Commerce Co., Passenger
Traffic Branch Traffic

11. Industry or business

12. Name Richard C. Cooley

13. Birthplace Rockville, Maryland

14. Maiden name Harriet Mast

15. Birthplace Springfield, Ohio

16. Informant Deceased

Address

17. Burial Date thereof July 17, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Fort Hill Union Cemetery

Location Prince Georges County, Md.

18. Funeral director The S. J. Jones Co.

Address 2901 - 14th N.W.

19. July 13 19 48 Rowland S. Phillips
(Date rec'd by registrar) registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JULY 23 19 48 at 5³⁰ A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from APRIL 29 19 48 to JULY 23 19 48
and that I last saw him alive on July 23 19 48

Immediate cause of death Syphilitic Heart Disease DURATION unknown

Due to Pulmonary Tuberculosis 2 yr.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Daniel P. Pincus M.D. M. D. or other

Address Glenn Dale, Md. Date signed 7-23-48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 29 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County..... Prince Georges
 City or town..... Glenn Dale, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 5 mos., 7 days
 Hospital, institution, or street address where death occurred:
 Glenn Dale Sanatorium
 How long in hospital or institution?..... 5 mos., 7 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... D. C. County.....
 City or town..... Washington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... 1440 W. Street, N. W.
 (If rural, give LOCATION) ✓

2.(a) If veteran, name war.....

3. (a) FULL NAME

CRAWFORD, ALVIN

3. (b) Social Security Number

579-20-7861

4. Sex..... Male
 5. Color or race..... Negro
 6.(a) Single, married, widowed, or divorced..... Single
 6.(b) Name of husband or wife.....
 6.(c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.)..... April 8, 1923
 8. AGE: Years..... 25 Months..... 3 Days..... 10 If less than one day..... hr. min.

9. Birthplace..... Aberdeen, Mississippi
 (Town, county, and state)
 10. Usual occupation..... Messenger
 11. Industry or business.....
 12. Name..... Benjamin Crawford
 13. Birthplace..... Aberdeen, Mississippi
 14. Maiden name..... Mary Simms
 15. Birthplace..... Aberdeen, Mississippi
 Deceased

16. Informant.....
 Address.....
 17. Removal..... Date thereof..... July 20/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory.....
 Location.....
 18. Funeral director.....
 Address.....
 19. July 20, 1948 Rowland S. Phillips
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... July 18, 1948
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/10 1948 to 7/18 1948
 and that I last saw him alive on 7/18 1948

Immediate cause of death.....
 pulmonary tuberculosis
 DURATION 5 yrs.

Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings of operations.....
 Date of op.....
 Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury..... Injured at work?

23. SIGNATURE..... Daniel Leo Punicane M.D.
 M. D. or other
 Address..... Glenn Dale, Md. Date signed 7/18/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 27 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Pr. George
City or town Rogers Heights
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 years
Hospital, institution, or street address where death occurred:
5303-Gallatin St
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Pr. George
City or town Rogers Heights
(If outside city or town limits, write RURAL and give nearest town)
Street No. 5303-Gallatin St.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Margorie Bliss Critzer

3. (b) Social Security Number

4. Sex F. 5. Color or race W. 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) June 7, 1881 6.(c) If alive, give age

8. AGE: Years 67 Months 1 Days 13 If less than one day

9. Birthplace Augusta County, Va
(Town, county, and state)

10. Usual occupation None

11. Industry or business

12. Name John F. Parrish

13. Birthplace Va

14. Maiden name Ellen Douglas Tyler

15. Birthplace Va.

16. Informant Mrs. George Stuart

Address Hyattsville, Md

17. Removal Date thereof July 20, 1948
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Harmonsway

Location Ta

18. Funeral director F. Gasch's sons

Address Hyattsville Md

19. 7/20 48 Amanda Downey Churley, Md
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1948 at 9:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him

Immediate cause of death Arterio-sclerotic heart disease

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underlie the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide

Where did injury occur?

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE John J. Maloney Dep. Med. Examiner

Address Churley, Md Date signed 7-20-48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 22 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 071243

1. PLACE OF DEATH:

County..... Prince Georges
 City or town..... Glenn Dale, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 4 mos., 2 days
 Hospital, institution, or street address where death occurred:
 Glenn Dale Sanatorium
 How long in hospital or institution? 4 mos., 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... D. C. County.....
 City or town..... Washington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... 4532 Kansas Avenue, N. W.
 (If rural, give LOCATION)
 2.(a) If veteran, name war..... ✓

3. (a) FULL NAME

KATHERINE DABNEY

3. (b) Social Security Number

- - -

4. Sex..... Female
 5. Color or race..... White
 6.(a) Single, married, widowed, or divorced..... Widowed
 6.(b) Name of husband or wife..... Shepherd B. Dabney
 6.(c) If alive, give age..... - years
 7. Birth date of deceased (mo., day, yr.)..... April 12, 1879
 8. AGE: Years Months Days If less than one day
 69 69 3 9hrs.min.

9. Birthplace..... Brooke, Virginia
 (Town, county, and state)
 10. Usual occupation..... Housewife
 11. Industry or business..... -
 12. Name..... James Morton
 13. Birthplace..... ? Virginia
 14. Maiden name..... Martha Jones
 15. Birthplace..... ? Virginia

16. Informant..... Deceased
 Address.....
 17. removal (Burial, cremation, or removal. Which?) Date thereof..... July 21, 1948
 (month) (day) (year)
 Cemetery or crematory..... Washington, D.C.
 Location.....
 18. Funeral director..... Wm. J. Galley
 Address..... 3200 R.I. Ave. S.W. Rainier Ind.
 19. 7-21-48 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... July 21, 1948, at 1:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 MAR. 18, 1948, to JULY 21, 1948
 and that I last saw him alive on JULY 21, 1948

Immediate cause of death..... Pulmonary Tuberculosis
 DURATION..... 6 mo.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... Daniel Leo Pinucane M.D.
 M. D. or other

Address..... Glen Dale Md. Date signed..... 7-21-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

07472

93d

1. PLACE OF DEATH:

County Prince George General Hospital
City or town Chesley and Prince
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) 3 week

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Des. Md. County Pr. Geo
City or town Lanham, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)Street No.
(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR

3. (a) FULL NAME

Franklin J. Davis

3. (b) Social Security Number

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

May Davis

6. (c) If alive, give age

71 years

7. Birth date of deceased (mo., day, yr.)

Apr. 14 1877

8. AGE:

71 Years 19 Days 19 min.

9. Birthplace

Pr. Geo Co Md
(Town, county, and state)

10. Usual occupation

utility man

11. Industry or business

Turner Davis

12. Name

Maryland

13. Birthplace

Grace Lamar

14. Maiden name

Maryland

15. Birthplace

Mrs. Alvin Moreland

16. Informant

Lanham Md

Address

Buried

17. (Burial, cremation, or removal, which)

July 7 1948

Cemetery or crematory

St. Barnabae

Location

Beeland Md

18. Funeral director

Clarence Foreacre

Address

Woodmoor Md19. July 6 19 48

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

7-5 19 48 at 9 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

6-6 19 48 to 7-5 19 48

and that I last saw him alive on

July 5 19 48

Immediate cause of death

myocarditis

DURATION

2 hrs

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Leonard Hays

M. D. or other

Address

Lyallsville Ma

Date signed

7-6-48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

TIME OF DEATH

CAUSE OF DEATH

MANNER OF DEATH

MEDICAL CERTIFICATION

RECEIVED

JUL 8 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

93d

07473

Reg. Dist. No. 214

1. PLACE OF DEATH:

County Prince GeorgeCity or town Sabons Park
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

45 Poplar Ave

How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Prince GeoCity or town Sabons Park
(If outside city or town limits, write RURAL and give nearest town)Street No. 45 Poplar Ave

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

NATHAN DAVIS

3. (b) Social Security Number

4. Sex

M

5. Color or race

W

6.(a) Single, married, widowed, or divorced

W

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

1870

6.(c) If alive, give age.....years

8. AGE:

Years

Months

Days

If less than one day

78

hrs.

min.

9. Birthplace

Unknown Russia
(Town, county, and state)

10. Usual occupation

Retired

11. Industry or business

FATHER

12. Name

Joseph Davis

13. Birthplace

Unknown Russia

MOTHER

14. Maiden name

Lily ?

15. Birthplace

Unknown Russia

16. Informant

Mrs Anna Slegman

Address

Cleveland, Ohio

17.

(Burial, cremation, or removal. Which?)

Date thereof

July 4, 1948

Cemetery or crematory

Greenwood Cemetery, Silver Spring, Md.

Location

Cemetery Heights, Md.

18. Funeral director

Address

3501 - 14th St. S.W.

19.

(Date rec'd by registrar)

July 4, 1948 Joseph M. Schoeff

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1948 at 9:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 4 1948 to July 4 1948and that I last saw him alive on July 4 1948

Immediate cause of death

myocardial failure

DURATION

Due to

Hypertensive Cardiovascular disease

Due to

Other conditions

arteriosclerotic gangrene of toes (amputations)
(Include pregnancy within 8 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

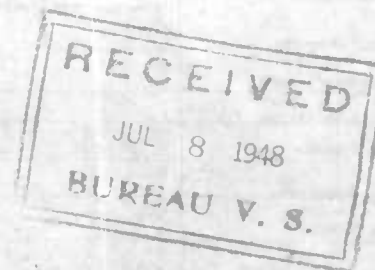
Elena F. Patterson, M.D.

M. D. or other

Address 9500 Res. on Silver Sp. Date signed 7/4/48

CERTIFICATE OF DEATH

1948
18
1890



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

45C

07474

Reg. Dist. No. 237

1. PLACE OF DEATH

County..... AQUASCO PR. GEORGE'S
 City or town..... AQUASCO
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Md. County..... P. George
 City or town..... Aquasco
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

GEORGE OLIVER DEMARR

3. (b) Social Security Number

4. Sex..... M 5. Color or race..... W 6. (a) Single, married, widowed, or divorced..... M

6. (b) Name of husband or wife..... MARY MADGE DEMARR -
(NEE) GREENWILL 6. (c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.)..... Oct. 9, 1865

8. AGE: Years..... 82 Months..... 9 Days..... 16 If less than one day..... hrs. min.

9. Birthplace..... Chas. Co. Md.
 (Town, county, and state)

10. Usual occupation..... Farmer

11. Industry or business.....

12. Name..... Thomas Demarr13. Birthplace..... Aquasco, Md.14. Maiden name..... Elizabeth Robertson15. Birthplace..... Aquasco, Md.16. Informant..... Earl H. DemarrAddress..... 607 Savannah St. S.E.17. (Burial, cremation, or removal, Which?)..... Funeral Date thereof..... 7/28/48Cemetery or crematory..... GlenwoodLocation..... Washington D.C.18. Funeral director..... Hunt & RyonAddress..... Waldorf, Md.19. (Date rec'd by registrar)..... M. L. Morse Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... July 25 1948 at 9:35 P.M. E.S.T.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1946 to July 25 1948 and that I last saw him alive on March 1948

Immediate cause of death.....

Circulatory collapse
& Cardiac failure

Due to..... arteriosclerosis

and.....

Due to..... carcinomatousmouth & lungs

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... Alfred L. Lapin, M.D.Address..... Aquasco, Md. Date signed..... July 26, 1948

RECEIVED

AUG 5 1948

BUREAU V. S.

Evidence for change of
age and birth date shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07475

FILM NO. G 117 AUG 30 1948 CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:

County Prince Georges
City or town Airside
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 48
Hospital, institution, or street address where death occurred:
Leland Memorial Hospital
How long in hospital or institution? 48

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State md. County Prince Georges
City or town Greenbelt
(If outside city or town limits, write RURAL and give nearest town)
Street No. 24 P. Ridge Road
(If rural, give LOCATION)
2.(a) If veteran, name war ?

3. (a) FULL NAME

Melba Hlevaney

3. (b) Social Security Number

4. Sex F 5. Color or race W 6. (a) Single, married, widowed or divorced Married

6. (b) Name of husband or wife Michael Hlevaney
deceased 6. (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Oct. 2, 18/8/13 1878

8. AGE: Years 69 Months 16 Days 15 If less than one day
1/5/57 9 27 hrs. min.

9. Birthplace Ireland
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business

12. Name James Gallagher
13. Birthplace Ireland

14. Maiden name Shields
15. Birthplace Ireland

16. Informant Joseph O'Neill son-in-law
Address 24 P. Ridge Rd. Greenbelt.

17. Date thereof July 31, 1948
(month) (day) (year)

18. Cemetery or crematory Holy Cross
Philadelphia Pa
Location E. Gasch's sons

19. Funeral director Hyattsville Md.
Address

19. July 30 19 48 Mrs. Jas. Severe
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 19 48 10:55 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
July 27 19 48 July 29 19 48
and that I last saw him alive on July 29 19 48

Immediate cause of death Cerebrovascular accident. DURATION 2 days

Due to Cerebral arteriosclerosis.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results Not granted. Date of op.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Means of injury Injured at work?

23. SIGNATURE Dr. A. Gray Jr. MD Date signed July 29, 1948

Address Greenbelt, Md. Date signed

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The contents of this certificate are especially important. Physicians: please write the causes of death clearly and legibly

RECEIVED

AUG 2 1948

BUREAU V. S.

Evidence for change of age shown on: MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a 07476
Reg. Dist. No. 239
FHM No. G 116 AUG 13 1948 CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County Pr. Geo. Co.

City or town Laurel, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Warren's Hosp. Laurel, Md.

How long in hospital or institution? 14 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Pr. Geo. Co.

City or town Beltville
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

William Morgan Dotson

3. (b) Social Security Number

4. Sex

M

5. Color or race

N

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Nov. 28, 1905

8. AGE:

42 years 3 months 26 days

9. Birthplace

Wise, Va.
(Town, county and state)

10. Usual occupation

Carpenter

11. Industry or business

William W. G. Dotson

12. Name

Va.

13. Birthplace

Nannie Hillman

14. Maiden name

Va.

15. Birthplace

Marshall F. Dotson, Bro.

16. Informant

E. L. Kridger, Md.

17. Burial

7-27-48
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory

Wash. Natl. Cemetery

Location

Switzland, Md.

18. Funeral director

W. W. G. Henders Co.

Address

Riverdale, Md.

19. Date rec'd by registrar

July 24, 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24, 1948 at 8:45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 30, 1948 to July 24, 1948

and that I last saw him live on July 24, 1948

Immediate cause of death uremia

chronic

Other conditions arteriosclerosis

maligant hypertension

ureteral colic

calculi

(Include pregnancy within 3 months of death)

Major findings of operations _____

Antopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury _____ Injured at work?

23. SIGNATURE Stephens, M.D.

Laurel, Md. M. D. or other

Date signed 7/24/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

07477

243

1. PLACE OF DEATH:

County..... Prince Georges
 City or town..... Glenn Dale, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 4 mos., 4 days
 Hospital, institution, or street address where death occurred:
 Glenn Dale Sanatorium
 How long in hospital or institution? 4 mos., 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... D. C. County.....
 City or town..... Washington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... 1109 - 9th St., N. W.
 (If rural, give LOCATION) ✓

2.(a) If veteran, name war.....

3. (a) FULL NAME

EALEY, FRANCES L.

3. (b) Social Security Number

- - -

4. Sex..... Female
 5. Color or race..... Negro
 6. (a) Single, married, widowed, or divorced..... Married
 6. (b) Name of husband or wife..... Charles Ealey
 6. (c) If alive, give age..... 31 years
 7. Birth date of deceased (mo., day, yr.)..... April 6, 1920
 8. AGE: Years..... 28 Months..... 2 Days..... 27 If less than one day..... hrs. min.

9. Birthplace..... Raleigh, North Carolina
 (Town, county, and state)
 10. Usual occupation..... Housewife
 11. Industry or business..... - - -
 12. Name..... William Durant
 13. Birthplace..... Timsville, South Carolina
 14. Maiden name..... Gertrude Harrington
 15. Birthplace..... Bamberg, South Carolina

16. Informant..... Deceased
 Address.....
 17. Removal to burial, etc. Date thereof..... July 3, 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory.....
 Location.....
 18. Funeral director..... Robert S. McGuire
 Address..... 1820 - 9th St., NW.
 19. July 3, 1948 Rowland S. Phillips
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... July 3, 1948 at 11:50 A.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/28 to 7/3, 1948, and that I last saw him alive on 7/3, 1948.

Immediate cause of death..... pulmonary tuberculosis
 DURATION..... 7 mos.

Due to.....
 Due to.....
 Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....
 Date of op.....

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury..... Injured at work?

23. SIGNATURE..... Daniel Leo Pineau M.D.
 M. D. or other.....
 Address..... Glenn Dale, Md. Date signed..... 7/3/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15 T

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 16 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County..... Prince Georges
 City or town..... Glenn Dale, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 yr., 1 mo., 12 days
 Hospital, institution, or street address where death occurred:
 Glenn Dale Sanatorium
 How long in hospital or institution? 1 yr., 1 mo., 12 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... D. C. County.....
 City or town..... Washington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 1334 - 22nd St., N. W.
 (If rural, give LOCATION) ✓
 2.(a) If veteran, name war.....

3. (a) FULL NAME

MOTLEY MARGARET ETHEL

3. (b) Social Security Number

4. Sex Female 5. Color or race Negro 6.(a) Single, married, widowed, or divorced Separated
 6.(b) Name of husband or wife Robert Motley
 6.(c) If alive, give age 30 years
 7. Birth date of deceased (mo., day, yr.) October 22, 1919
 8. AGE: Years Months Days If less than one day
 28 28 9 1hrs.min.

9. Birthplace Spottsylvania, Virginia
 (Town, county, and state)
 10. Usual occupation Elevator Operator
 11. Industry or business ---

12. Name Emanuel Crosby
 13. Birthplace ? South Carolina
 14. Maiden name Lillian Coleman
 15. Birthplace Washington, D. C.

16. Informant Deceased
 Address
 17. Burial, cremation, or removal. Which? Burial to Wash, D.C. Date thereof July 13, 1948
 (month) (day) (year)
 Cemetery or crematory

18. Funeral director James J. Funeral
 Address 389 - R Ave NW
 19. July 13 1948 Rowland S. Phillips
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1948 at 12:05 a.m.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6/10 1947 to 7/23 1948
 and that I last saw him alive on 7/23 1948

Immediate cause of death pulmonary tuberculosis DURATION 13 mos

Due to
 Due to
 Other conditions
 (Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.
 Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Daniel Leo Pinicane M.D.
 M. D. or other
 Address Sam Dale M.D. Date signed 7/23/48

RECEIVED

JUL 29 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 07480 245

1. PLACE OF DEATH:

County Prince George's CountyCity or town Annapolis and
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 29 1/2 daysHospital, institution, or street address where death occurred:
Selma Memorial HospitalHow long in hospital or institution? 29 1/2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George'sCity or town Therrell Maryland
(If outside city or town limits, write RURAL and give nearest town)Street No. 5 A Parkway Rd.
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Mr. Harry Lee Evans

3. (b) Social Security Number

4. Sex Male5. Color or race White

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife Mrs. Lucille Evans7. Birth date of deceased (mo., day, yr.) Sept 27 18898. (c) If alive, give age 53 years8. AGE: Years 58 Months 11 Days — If less than one day
hrs. min.9. Birthplace West Virginia
(Town, county, and state)10. Usual occupation Painter

11. Industry or business

12. Name Martin T Evans13. Birthplace Virginia14. Maiden name Ella T Evans15. Birthplace Virginia16. Informant Mrs. Lucille Evans (wife)Address 5 A Parkway Rd. Therrell Md.17. Burial Date thereof Aug 2, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. Lincoln QuaterLocation Prince Georges Co, Md18. Funeral director W W Chambers CoAddress 5801 E. Chelmsford Ave19. July 27 1948 James Severy
(Date read by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 30 July 1948 at 9:45 M21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
30 June 1948 to 20 July 1948and that I last saw him alive on 2-30-48 1948Immediate cause of death Unknown (probably Ca.)Due to infection & debility

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results Cirrhosis - hepatic - severe

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Arthur Lusk M. D. or otherAddress Selma mem. Hosp Date signed 7-30-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 2 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

07481
239

1. PLACE OF DEATH:

County Prince GeorgeCity or town Laurel
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Since June 29 1948

Hospital, institution, or street address where death occurred:

Laurel SanitariumHow long in hospital or institution? 24 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Washington County D.C.City or town 3810 Vermont St. N.W.
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2(a) If veteran, name war _____

3. (a) FULL NAME

Mrs. Margaret Fiegenbaum

3. (b) Social Security Number

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) June 25 1860 6. (c) If alive, give age _____ years8. AGE: Years 88 Months 0 Days 20 If less than one day _____ hrs. _____ min.9. Birthplace Cambridge Iowa
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business _____

12. Name Hugh McKee13. Birthplace Ireland14. Maiden name Mary Ann Harper15. Birthplace Ireland16. Informant Laurel Sanitarium (J.F. Robinson M.D.)Address Laurel, Maryland17. General Date thereof 7.21.48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory _____

Location Bethesda, Md.18. Funeral director Let's Riechen PumphreyAddress Bethesda, Md.July 21 1948 M. B. Buehler
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1948 at 11:29 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 29 1948 to July 20 1948 and that I last saw her alive on July 20 1948Immediate cause of death Myocardial failure DURATION 6 monthsDue to Senility

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

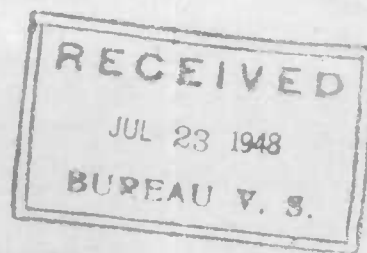
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE J.F. Robinson M. D. or otherAddress Laurel Sanitarium Date signed July 21 1948



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

07482

245

1. PLACE OF DEATH:

County Pr. Geo. Co.
City or town Hyattsville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 years
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State MD County Pr. Geo. Co.
City or town Hyattsville
(If outside city or town limits, write RURAL and give nearest town)
Street No. 4502 - Emerson St
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Florence A. Fitzsimmons

3. (b) Social Security Number

4. Sex F 5. Color or race W. 6.(a) Single, married, widowed, or divorced married

6.(b) Name of husband or wife Ralph Fitzsimmons

7. Birth date of deceased (mo., day, yr.) Oct - 22 - 1892 6.(c) If alive, give age _____ years

8. AGE: Years 55 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Somerville Mass
(Town, county, and state)

10. Usual occupation clerk U.S. Gov.

11. Industry or business Federal Security Agency

12. Name McKinney

13. Birthplace Mass

14. Maiden name McKinney

15. Birthplace Mass

16. Informant Mrs. Mc Kinney

Address 4502 Emerson St. Hyattsville

17. Burial Date thereof 7-30-48
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Boston Mass

Location W.W. Chauchus Co

18. Funeral director Riverdale

Address July 28 48 James Smith

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-27-48 19 54 at 54

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr 48 to July 26 48 and that I last saw him alive on 7-26 19 48

Immediate cause of death _____ DURATION _____

myocardial hypertension 2 hr

Due to _____ ?

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE James Smith

Address Hyattsville Md M. D. or other _____

Date signed 7-27-48

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 31 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Prince Georges
 City or town Riverdale
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 65 years
 Hospital, institution, or street address where death occurred Island Memorial Hospital
 How long in hospital or institution? 19 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State MARYLAND County PR Georges
 City or town BRANCHVILLE, MD
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 4804 APACHE ST.
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

GEORGE GASON GAYLOR

3. (b) Social Security Number

4. Sex MALE 5. Color or race White 6.(a) Single, married, widowed, or divorced MARRIED
 6.(b) Name of husband or wife ANNIE GAYLOR

7. Birth date of deceased (mo., day, yr.) 13 Sept 1871 6.(c) If alive, give age 69 years

8. AGE: Years 76 Months 10 Days 0 If less than one day _____ hrs. _____ min.

9. Birthplace HARMAUS ANNE ARUNDEL CO.
 (Town, county, and state)

10. Usual occupation Retired Contractor

11. Industry or business AND Builder

12. Name JOHN COLUMBUS GAYLOR

13. Birthplace ANNE ARUNDEL CO

14. Maiden name MARY MARGARET ANDERSON

15. Birthplace ANNE ARUNDEL CO

16. Informant MARY G. GAYLOR

Address 4810 BRANCHVILLE RD - BRANCHVILLE MD

17. Burial Date thereof July 16, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Fort Lincoln

Location Blackburn Road, near

18. Funeral director W.W. Chambers Co.

Address 5801 Cleveland Ave Riverdale

19. July 14, 1948 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 13 July 48

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from JUNE 25 1948 to JULY 13 1948
 and that I last saw him alive on 13 July 1948

Immediate cause of death ARTERIOSCLEROTIC HEART DISEASE with
AURICULAR FIBRILLATION

Due to GENERALIZED ARTERIO-SCLEROSIS

Other conditions Cerebral Thrombosis

Major findings of operations No operation

Autopsy results NONE

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

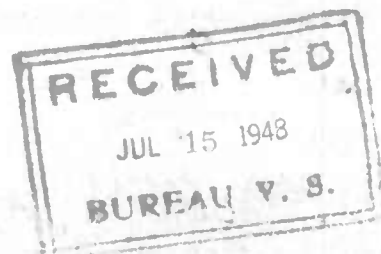
23. SIGNATURE W. E. E. E. M. D. _____
Henry M. E. E. Date signed 7-13-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Incorrect age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07484

Reg. Dist. No.

239

1. PLACE OF DEATH:

County Prince GeorgesCity or town Laurel
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 12 hoursHospital, institution, or street address where death occurred:
Poplar Inn Tourists Camp.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ohio County StarkCity or town Canton
(If outside city or town limits, write RURAL and give nearest town)Street No. 2212 Waltham Pl S. W. Camp
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Clarence B. Gilchrist

3.(b) Social Security Number

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced Married6.(b) Name of husband or wife Rebecca Gilchrist7. Birth date of deceased (mo., day, yr.) June 26, 18798. AGE: Years 69 Months 10 Days 18 If less than one day hrs. min.9. Birthplace Bedford Pa.
(Town, county, and state)10. Usual occupation Retired carpenter

11. Industry or business

12. Name John Christopher Gilchrist13. Birthplace Bedford, Pa.14. Maiden name Sanna Bickelhoff15. Birthplace Bedford, Pa.16. Informant Russell GilchristAddress R. D. 2 - Wampum Ave. Elwood City(Burial, cremation, or removal, Which?) transportation Date thereof 7/7/48 (month) (day) (year)Cemetery or crematory CantonLocation Ohio18. Funeral director F. Gascho SonsAddress Wyattsville Md.19. July 7, 48 Date rec'd by registrar20. Signature Amanda W. O'Leary Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1948, at 12:03 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19....., to....., 19.....

and that I last saw h..... alive on....., 19.....

Immediate cause of death.....

Coronary Occlusion

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE John J. Maloney, Dep. Med. ExamAddress Cheruby, Md Date signed 7-7-48

RECEIVED

JUL 10 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07485

Reg. Dist. No. 142

1. PLACE OF DEATH:

County... Prince Georges Co.

City or town... Forestville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7 days

Hospital, institution, or street address where death occurred:

How long in hospital or institution? —

3. (a) FULL NAME

Alexander Gray

4. Sex

Male

5. Color or race

Caf

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Elna Cross Gray

7. Birth date of deceased (mo., day, yr.)

April 7, 1878

8. (c) If alive, give age... years

8. AGE:

Years

Months

Days

If less than one day

70 yrs.

2 mo 18

hrs.

min.

9. Birthplace

Prince Georges Co, Md.

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Samuel Gray

12. Name

Prince Georges Co. Md.

13. Birthplace

Mary Mc Keller

14. Maiden name

Prince Georges Co. Md.

15. Birthplace

Samuel Alexander Gray

16. Informant

Forestville, Md.

Address

Burial

Date thereof

July 23 1948

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Aquasco

Location

Prince George

18. Funeral director

Henry S. Washington & Sons

Address

467 N St. N.W. Wash. D.C.

19. Date rec'd by registrar

July 21 1948

Carrie F. Campbell

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State... Maryland County... Prince Georges

City or town... Aquasco
(If outside city or town limits, write RURAL and give nearest town)

Street No. —

(If rural, give LOCATION)

2. (a) If veteran, name war... 2nd

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH... July 19 1948 at 8:35 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 12 1948 to July 19 1948

and that I last saw him alive on July 19 1948

Immediate cause of death

Hypertensive Heart Disease

and Pleuritis

Due to...

Due to...

Other conditions

Hypertension

(Include pregnancy within 3 months of death)

Major findings of operations...

Date of op. ...

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of ...

Where did injury occur? ...

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

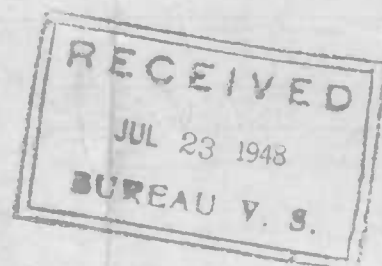
Means of injury

Injured at work?

23. SIGNATURE... J. H. Bryant M.D.

Address... 5005 S. Herndon Rd. N.E.

Date signed... 7-19-48



PLEASE WRITE PLAINLY, WITH NON-FADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of age is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07486

FILM No. G - 1 - AUG 2 - 1948

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

County Prince George's
City or town Cheverly
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 days
Hospital, institution, or street address where death occurred:
Prince George's General Hospital
How long in hospital or institution? 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George's
City or town Hyattsville
(If outside city or town limits, write RURAL and give nearest town)
Street No. 4629 Baltimore Ave
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Irene Gray

3. (b) Social Security Number

4. Sex female 5. Color or race w 6.(a) Single, married, widowed, or divorced widowed
6.(b) Name of husband or wife Benjamin Gray
7. Birth date of deceased (mo., day, yr.) oct 12, 1886
6.(c) If alive, give age years
8. AGE: Years 61-62 Months 9 Days 11 If less than one day hrs. min.

9. Birthplace Washington, D.C.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Benjamin Greenwell

13. Birthplace Washington D.C.

14. Maiden name Mary Starvogon

15. Birthplace Washington D.C.

16. Informant Mrs Katherine White

Address Riverdale Md

17. Burial Date thereof 7/27/48
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory St. Lincoln

Location Colmar Manor Md

18. Funeral director F Kosch's Sons

Address Hyattsville Md

19. 7/29 19 48 Quanda Downey
(Date recd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-23 19 48 at 9:40p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7-19 19 48 to 7-23 19 48
and that I last saw him alive on 7-23 19 48

Immediate cause of death Surgical shock DURATION 3 days

Due to Prefatal Obsteria : For relief of intractable pain

Due to (Hypochondriasis)

Other conditions Hypertensive cardiovascular disease 1 year

(Include pregnancy within 3 months of death) Nephritis 1 year

Major findings of operations Phenicia, kidney 1 year

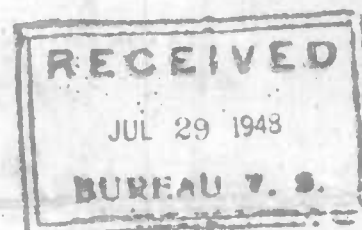
Prefatal Obsteria Date of op. 7-20-48

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Prun ph, MD M. D. or other
Address 1911 R S. W. Dc Date signed 7-24-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and in full.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07487

Reg. Dist. No. 231

1. PLACE OF DEATH:

County Prince Georges
 City or town Cherry
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or spot address where death occurred:

Prince Georges Hospital

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

Female

5. Color or race

w

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

July 26, 1948

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

1

hrs.

min.

9. Birthplace

Maryland

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

F. J. Greathouse

13. Birthplace

Kentucky

MOTHER

14. Maiden name

Henrietta Sears

15. Birthplace

Md.

16. Informant

Mrs. Henrietta Greathouse

Address

Gambles, Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

7/31/48

Cemetery or crematorium

Prince Georges General Hospital

Location

Cherry, Md.

18. Funeral director

Address

A. N. Besley, SuperintendentCherry, Md.

19.

(Date rec'd by registrar)

19

48Amanda H. Osborn

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md.

County

Anne Arundel

City or town

Gambles

(If outside city or town limits, write RURAL and give nearest town)

Street No.

Rural

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

27 July

19

48

at

7¹⁰ P

M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19

to

19

and that I last saw him alive on

19

Immediate cause of death

DURATION

Due to

immaturity

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

Signature

Robert J. McCreary Jr.

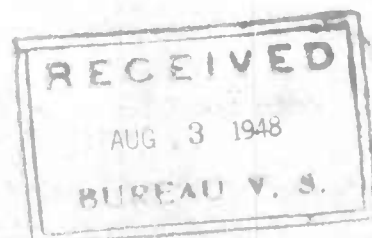
M.D. or other

Address

402 Main St. Laurel, Md.

Date signed

7/27/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:

County Prince George's

City or town Andrews
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 40 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George's

City or town Andrews
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

John T. Hamilton

3. (b) Social Security Number

4. Sex Male

5. Color or race Colored

6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Louisa Hicks

7. Birth date of deceased (mo., day, yr.) approx. 1867

8. AGE: Years 81

Months

Days

If less than one day

hrs.

min.

9. Birthplace Prince George's Co. Md.
(Town, county and state)

10. Usual occupation Laborer Retired

11. Industry or business U.S. Govt. Printing Office

12. Name Lloyd Hamilton

13. Birthplace Prince George's Co. Md.

14. Maiden name Lottie Hamilton

15. Birthplace Prince George's Co. Md.

16. Informant Joseph Hamilton

Address Glenarden, Md.

17. Burial Date thereof Aug 2, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Mt. Olivet Cemetery

Location Washington, D.C.

18. Funeral director Robert G. McQuinn

Address 1820-9 St. NW. Wash. D.C.

19. July 30, 1948 Registrar Carrie F. Campbell

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30, 1948 at 3:00 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 15, 1945 to July 30, 1948

and that I last saw him alive on July 30, 1948

Immediate cause of death Hypertensive

cardio-vascular

Disease

Due to Hypertension

Due to Chronic multiple

arterio-sclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. B. Bealton M.D.

M. D. or other

Address 4223 - Hunt Pl. NE July 30, 1948

Date signed

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MASSACHUSETTS DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



Evidence for change of

A G E shown on:

FILM No. G 116 AUG 4 - 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1246

07489

245

Reg. Dist. No.

1. PLACE OF DEATH:

County... Prince Georges
City or town... Riverdale Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Frank Lungford Harrison

3. (b) Social Security Number

4. Sex

Male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Sept 1, 1906

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

#241 10 3 hrs. min.

9. Birthplace

Betterville Ind
(Town, county, and state)

10. Usual occupation

Carpenter Helper

11. Industry or business

George Harrison

12. Name

Mary Stephenson

13. Birthplace

Ind

14. Maiden name

John K. Harrison

15. Birthplace

4015 - Kennedy St. Hyattsville Md

16. Informant

Burial

17. (Burial, cremation, or removal, which?)

Date thereof (month) (day) (year)

July 6, 1948

Cemetery or crematory

Lincoln

Location

Colmar Manor Md

18. Funeral director

F. Basche sons

Address

Hyattsville Md

19. July 5, 1948

(Date rec'd by registrar)

Mrs. Joe Severe

deputy registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Md County... Prince Georges

City or town... Riverdale Ind
(If outside city or town limits, write RURAL and give nearest town)Street No.....
(If rural, give LOCATION)

2. (a) If veteran, name war.....

MEDICAL CERTIFICATION

20. DATE OF DEATH... July 4, 1948, at 7 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

.....19....., to.....19.....

and that I last saw him.....alive on.....19.....

Immediate cause of death

Barium enema -
toxicant - Ecchyma of brain

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

.....Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

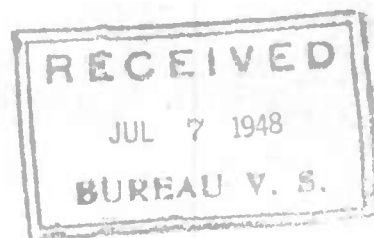
23. SIGNATURE

John J. Maloney dep. med
2102 Church St. Hyattsville Md
Date signed 7-5-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



RECEIVED

JUL 7 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, IN INK UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

134a

07490

Reg. Dist. No.

242

1. PLACE OF DEATH:

County Prince George
 City or town Cheverly
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 14 days
 Hospital, institution, or street address where death occurred
Prince Georges General Hosp. Tal.
 How long in hospital or institution? 14 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md. County PG.
 City or town Washington 19
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 5477 Spring St.
 (If rural, give LOCATION)
 2. (a) If veteran, name war None

3. (a) FULL NAME

Havener, Mr. John Leon

3. (b) Social Security Number

None

4. Sex

m

5. Color or race

w

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Florence Bertha Havener

7. Birth date of

deceased (mo., day, yr.)Nov. 4

6. (c) If alive, give age

1878

8. AGE:

69

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Soldonia Maryland

(Town, county, and state)

10. Usual occupation

Cabinet Maker Retired

11. Industry or business

U.S. Post office

FATHER

12. Name

Benjamin Havener

13. Birthplace

Unknown

MOTHER

14. Maiden name

Elizabeth Gray

15. Birthplace

Maryland

16. Informant

Florence B. HavenerAddress 5477 Spring St, Forestville, Md.

17.

Burial
(Burial, cremation, or removal. Which?)

Date thereof

July 14, 1948
(month) (day) (year)

Cemetery or crematory

Cedar Hill Cemetery

Location

Prince George County, Md.

18. Funeral director

John E. Campbell
Address 517 11th St., S.E., Wash. D.C.

19.

July 12
(Date rec'd by registrar)1948
Cornie Campbell
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 10

19

48 at 11:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 28, 1948, to July 10, 1948and that I last saw him alive on July 10, 1948

Immediate cause of death

Myocardial infarction

DURATION

3-4 weeks

Due to

Coronary artery - bilateralSeveral years

Due to

Equal coronary - bilateralSeveral years

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Renal calculus - leftsuppurative parotitis - left July 6, 1948

Autopsy results

Same as above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

James M. Tadeles

M. D. or other

Address

1535 Ege Street

Date signed

July 12 '48

RECEIVED

JUL 15 1948

BUREAU V. H.

Lyons

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07491

Reg. Dist. No.

230

1. PLACE OF DEATH:

County Prince Georges
 City or town Branchville, Md
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 33 years

Hospital, institution, or street address where death occurred:

52nd Place - Branchville, Md.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Branchville
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 52nd Place
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

David Luther Hazard, Jr.

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Sept 8 - 1889

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

589

hrs.

min.

9. Birthplace

Washington, D.C.
(Town, county, and state)

10. Usual occupation

Unemployed

11. Industry or business

MOTHER
FATHER

12. Name

David Luther Hazard, Jr.

13. Birthplace

Washington, D.C.

14. Maiden name

Josephine Prather

15. Birthplace

Baltimore, Md.

16. Informant

Miriam M. Waigand

Address

3711 - Hammer Place S.E. Wash D.C.

17. Burial

(Burial, cremation, or removal Which?)

Date thereof

July 8, 1948
(month) (day) (year)

Cemetery or crematory

St. Lincoln

Location

Colmar Manor Md

18. Funeral director

F. Pasche sons

Address

Hyattsville Md

19. July 8

(Date rec'd by registrar)

19

48 Amanda W. Worey
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4th or 5th 1948 at

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on

Immediate cause of death

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John D. Mahoney - Dep. Med. Exam
M. D. or otherAddress Cherry Hill Hyattsville, Md Date signed 7-5-48

RECEIVED

JUL 10 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County..... Prince Georges
 City or town..... Glenn Dale, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 mos., 25 days
 Hospital, institution, or street address where death occurred:
 Glenn Dale Sanatorium
 How long in hospital or institution? 2 mos., 25 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... D. C. County.....
 City or town..... Washington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... 1115 - Congress Court, N. W.
 (If rural, give LOCATION)
 2.(a) If veteran, name war..... ✓

3. (a) FULL NAME

MARY FRANCES HILL

3. (b) Social Security Number

- - -

4. Sex

Female

5. Color or race

negro

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Dennis Hill

7. Birth date of deceased (mo., day, yr.)

June 9, 1914

6. (c) If alive, give age

50 years

8. AGE:

Years

Months

Days

If less than one day

34

34

1

7

.....hrs.min.

9. Birthplace

Montgomery County, Maryland

(Town, county, and state)

10. Usual occupation

Government Cafeteria Worker

11. Industry or business

-

FATHER

12. Name

Charles Booze

13. Birthplace

Montgomery County, Maryland

MOTHER

14. Maiden name

Isabelle Diggs

15. Birthplace

Montgomery County, Maryland

16. Informant

Deceased

Address

Burial

17.

(Burial, cremation, or removal. Which?)

Date thereof

July 21, 1948
(month) (day) (year)

Cemetery or crematory

Mt. Zion Cemetery

Location

Montgomery County, Md

18. Funeral director

Ray W. Bailer

Address

Laytonville Md

19.

July 18, 1948
(Date rec'd by registrar)Rowland S. Phillips
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... JULY 16, 1948, at 9³⁰ P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

APR. 20, 1948, to JULY 16, 1948

and that I last saw her alive on JULY 16, 1948

Immediate cause of death

Pulmonary Tuberculosis

DURATION

5 mos.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

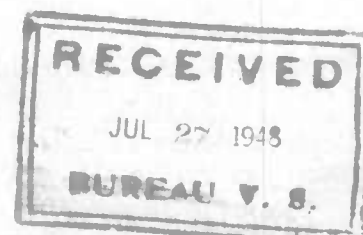
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Daniel Leo Pinicars MD
M. D. or other
Address: Glenn Dale Md, Date signed: 7-16-48



Reg. Dist. No. 243

1. PLACE OF DEATH:

1. PLACE OF DEATH: Prince Georges
County..... Glenn Dale, Maryland
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 days
Hospital, institution, or street address where death occurred:
Glenn Dale Sanatorium
How long in hospital or institution? 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

State D. C. County Washington
City or town 1415 Oak Street, N. W.
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1415 Oak Street, N. W.
(If rural, give LOCATION) ✓
2.(a) If veteran, name war _____

3. (a) FULL NAME

HURT, MYRTLE D.

3. (b) Social Security Number

— — —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced		
Female	White	Married		
6.(b) Name of husband or wife <u>John Hurt</u>				
		6.(c) If alive, give age <u>44</u> years		
7. Birth date of deceased (mo., day, yr.) <u>February 23, 1905</u>				
8. AGE:	Years	Months	Days	If less than one day
	<u>43</u>	<u>11</u>	<u>9</u> hrs. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 19 48 at 630 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6/30 19 48 to 7/2 19 48 and that I last saw him alive on 7/2 19 48

Immediate cause of death.....
pulmonary tuberculosis

DURATION
17 yrs.

9. Birthplace.....Cottonport, Louisiana
(Town, county, and state)

10. Usual occupation.....Housewife

11. Industry or business.....

FATHER

12. Name.....Hillary Armand

13. Birthplace.....? Louisiana

MOTHER

14. Maiden name.....Rozena Gauthier

15. Birthplace.....? Louisiana

Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)	

Major findings of operations.....

.....Date of op.

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

16. Informant.....
Address.....
17. *removal* Date thereof *July 3 1948*
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory.....
Location *Washington D.C.*
18. Funeral director *S. H. Harris Co.*
Address *2901 - 14th St. N.W.*
19. *7-3* 19 *51 Rowland S. Phillips*
(Date rec'd by registrar) Registrar

22. **VIOLENCE:** If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Daniel R. Pincane MD M. D. or other
Address: Glen Dale Md. Date signed: 7/2/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 16 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

County Prince Georges
City or town Cheverly, Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 23 hours 15 minutes
Hospital, institution, or street address where death occurred:
Prince George's General Hospital
How long is hospital or institution? 23 hours 15 min.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges
City or town Rt. 1 E. Riverdale
(If outside city or town limits, write RURAL and give nearest town)
Street No. Browning Road
(If rural, give LOCATION)
2.(a) If veteran, same war None

3. (a) FULL NAME

Rath
Irene Ingerson

3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Married

6. (b) Name of husband or wife Wm. J. Ingerson

7. Birth date of deceased (mo., day, yr.) Sept. 7, 1897

8. AGE: Years Months Days It less than one day
50 10 1 hrs. min.

9. Birthplace Laurel, Prince George's Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Antemus S. Martin

13. Birthplace Maryland

14. Maides same Cora Bell Phelps

15. Birthplace Maryland

16. Informant Gordon W. Martin

Address 10306 Ridgemoor Dr. Silver Springs, Md

17. Burial Date thereof July 12, 1948
(Burial, cremation, or removal, Which?) (month), (day) (year)

Cemetery or crematory WASHINGTON, NATL CEMETERY

Location SUITLAND, MARYLAND

18. Funeral director Chas. E. Chambers Co

Address 5801 Cleveland Ave., Riverdale Ind.

19. 7/9/48 Amanda Ramsey
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8, 1948 19 48 at 9:45 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 4 July 19 48 to 8 July 19 48

and that I last saw him/her alive on 7 July 19 48

Immediate cause of death acute congestive heart failure

DURATION

24 hrs.

Due to Pneumonia, atypical undetermined

Due to probably 4-5 days.

Other conditions Diabetes mellitus Unknown

(Include pregnancy within 3 months of death)

Major findings of operations None

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Manner of injury Injured at work?

23. SIGNATURE Wm. B. Dattling M.D. M. D. or other

Address 2200 R 9 Ave NE Wash. Ind. Date signed 8 July 1948

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 12 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07495

Reg. Dist. No. 245

1. PLACE OF DEATH: Pr. Geo. Co.
 County Pr. Geo. Co.
 City or town Hyattsville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred: -
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State MD County Pr. Geo. Co.
 City or town Hyattsville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 5273-42nd St
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME Paul Adams Jackson

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife Norma Jackson
 7. Birth date of deceased (mo., day, yr.) Mar - 8 - 1893
 8. AGE: Years 55 Months 5 Days 13 hrs. min.

9. Birthplace York Co. P. Car
 (Town, county, and state)
 10. Usual occupation Brick Mason
 11. Industry or business Robert E. Jackson
 12. Name S. Car
 13. Birthplace D. Car
 14. Maiden name Mary Adams
 15. Birthplace D. Car

16. Informant Norma H. Jackson
 Address 5273-42nd St. Hyattsville
 17. Burial Date thereof July 23, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Good Lincoln Cemetery
 Location Prince George's County, Md
 18. Funeral director W. C. Chambers
 Address Prindale, Md.

19. July 21 19 48 Wm. Jas. Severe
 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 19 48 at 3:30 PM
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 10 19 48 to July 21 19 48
 and that I last saw him alive on July 20 19 48

Immediate cause of death Carcinoma of lung
 Due to General metastasis
 Due to 3 lesions - left
Sept 7mm.
 Other conditions

(Include pregnancy within 8 months of death)
 Major findings of operations
 Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide. Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Robert E. Jackson
 Address Hyattsville, Md Date signed 7-21-48

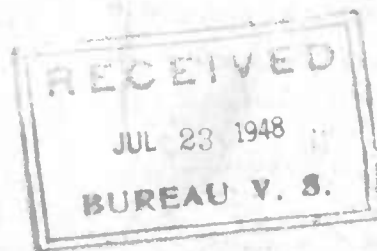
MARGIN RESERVED FOR BINDING

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7

VS A15 9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07496

Reg. Dist. No. 234

1. PLACE OF DEATH:

County Prince George's
 City or town Clinton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 year
 Hospital, institution, or street address where death occurred:
Shuff Road
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Prince George's
 City or town Clinton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Shuff Road
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Violet Savannah Johnson

3. (b) Social Security Number

4. Sex Female 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Oct 8, 1946 6. (c) If alive, give age _____ years8. AGE: Years 1 Months 9 Days _____ If less than one day _____ hrs. _____ min.9. Birthplace Clinton Md
(Town, county, and state)10. Usual occupation hom

11. Industry or business

12. Name Wilber Johnson13. Birthplace Maryland14. Maiden name mae Lawrence15. Birthplace Washington D.C.16. Informant Mary JohnsonAddress Clinton Md17. Burial Date thereof July 6 '48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory T B 2ndLocation Myrtle & Rollins18. Funeral director Myrtle & RollinsAddress 4339 Hunt Pl. N.E.19. 7-4 1948 M. D. Johnson
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1948 at 9:50 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19_____, to _____ 19_____, and that I last saw h. _____ alive on _____ 19_____.
Immediate cause of death asphyxia

	DURATION
Due to <u>suppuration</u>	
Due to <u>Something is bad</u>	
Other conditions <u>clothing</u>	

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.22. VIOLENCE: If death was due to external causes, tick in the following:
Accident, suicide, or homicide accident Date of 7-3-48
Where did injury occur? Clinton (City or town) P.G. (County) Md (State)Injured at home, farm, industry, public place (where?) Home
Means of injury Smacked in head with Injured at work _____
Depart medical23. SIGNATURE Dr. Johnson M. D. or other _____
Address Frederick Date signed 7-3-48

RECEIVED

JUL 7 1948

BUREAU V. 8.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07497

EVIDENCE FOR CHANGE OF
AGE & BIRTH DATE IS ON:
FILM # G119-2-8-49

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

County Prince GeorgesCity or town Chesapeake
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 12 hours

Hospital, institution, or street address where death occurred:

Prince Georges General
12 hours

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Prince GeorgesCity or town Landover MD
(If outside city or town limits, write RURAL and give nearest town)Street No. White House Heights -
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Jones, Mr. Charles

3. (b) Social Security Number

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

Jan 13 1878 1871

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

7877622

hrs.

min.

9. Birthplace

New York

(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name

Charlton P Jones

13. Birthplace

Wales

14. Maiden name

Mary E. Conkling

15. Birthplace

New York

16. Informant

Hospital Records

Address

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

Aug 3, 1948

(month) (day) (year)

Cemetery or crematory

St. Lincoln

Location

Colmar Manor MD

18. Funeral director

F. Joseph, Sons

Address

Hyattsville MD19. August 3, 1948

(Date filed by registrar)

Amanda Courtney

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

30 July

19

48 at 8:50 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 29, 1948, to July 30, 1948

and that I last saw him alive on

July 30, 1948

Immediate cause of death

Peritonitis

DURATION

1 week

Due to

Rupture of sigmoid
Colon1 week

Due to

Fecal Impaction

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Perforation of sigmoid
by fecal mass, Peritonitis

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Albert Roth, M.D.

M. D. or other

Address

Lanham

Date signed

7/31/48

162

RECEIVED

AUG 5 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. R. S. Richardson
07-158

93d

Reg. Dist. No. 232

1. PLACE OF DEATH:

County Prince George
City or town Mitchelville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Mary Regenna Jones

3. (b) Social Security Number

4-6 Sex Female 5. Color or race colored 6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Charles Jones7. Birth date of deceased (mo., day, yr.) Mar. 15 - 18848. AGE: Years 64 Months 4 Days 3 If less than one day hrs. min.9. Birthplace Queen Ann Dist. 7, District 1
(Town, county, and state)10. Usual occupation Domestic

11. Industry or business

12. Name Daniel Montgomery13. Birthplace Prince George's Co. Md.14. Maiden name Catharine Johnson15. Birthplace Md.16. Informant Charles JonesAddress Mitchelville, P.B. Co. Md.17. Burial (Burial, cremation, or removal? Which?) Buried Date thereof July 17 1948
(month) (day) (year)Cemetery or crematory Chrl. WebbLocation Mitchelville, Spk.18. Funeral director Annie A. JohnsonAddress Annapolis19. Date rec'd by registrar July 17 48 Registrar Richard

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Prince George County MitchelvilleCity or town Mitchelville
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1948 at 4:20 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 15 1948 to July 15 1948and that I last saw him alive on July 15 1948Immediate cause of death Chronic Myocarditis

DURATION

6 mo

Due to

arterio-sclerosis

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address 110 - Dr. R. S. Richardson Date signed 7/16/48

RECEIVED

JUL 19 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH FADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07499

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:

County 7832 Prince George's
 City or town Marble Hill Forestville
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Annie E Kidwell

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

George W Kidwell

7. Birth date of deceased (mo., day, yr.)

Oct 10, 1854

6. (c) If alive, give age years

8. AGE:

90

Years

9

Months

11

Days

If less than one day

hrs.

min.

9. Birthplace

Va

(Town, county, and state)

10. Usual occupation

housewife

11. Industry or business

MOTHER FATHER

12. Name

William McKenney

13. Birthplace

Va

14. Maiden name

Mary E Chickster

15. Birthplace

Va

16. Informant

Mrs Jerry Cook

Address

7832 Marble Hill

17. Burial

(Burial, cremation, or removal. Which)

Date thereof

July 24-1948

(month) (day) (year)

Cemetery or crematory

Rock Creek

Location

Washington D.C.

18. Funeral director

The S H Fine Co

Address

7901-14th St NW Wash DC

19. July 21

(Date rec'd by registrar)

1948

Edna F. Geline

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Prince George's

City or town

Forestville

(If outside city or town limits, write RURAL and give nearest town)

Street No.

7832 Marble Hill

(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 21

1948 at 7:30 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 1

to

July 21 1948

and that I last saw him alive on

July 21

1948

Immediate cause of death

Acute Cor. Arteriosclerosis & Pulmonary

Emphysema

DURATION

Due to

old age 90 yrs

Due to

Ch. Myocarditis

Other conditions

Ch. Tubular Nephritis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

H. Thomas Brown

M. D. or other

Address

2745-29. 409

Date signed July 21 1948

RECEIVED

JUL 29 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:

County Prince Georges
City or town Cap. Dist.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? In house
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Pr. Georges
City or town Wheatonsville, Maryland
(If outside city or town limits, write RURAL and give nearest town)
Street No. Wash. - Balt. Boulevard.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Francis-Louise Link

3. (b) Social Security Number

4. Sex F 5. Color or race W. 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Albert E. Link
6.(c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) Mar 17, 1889

8. AGE: Years 59 Months 3 Days 19 It less than one day hrs. min.

9. Birthplace Wheeling, W. Va
(Town, county, and state)

10. Usual occupation Gas Station attendant

11. Industry or business

12. Name Gehart Otten

13. Birthplace Germany

14. Maiden name Kunsmann

15. Birthplace Germany

16. Informant Howard Link

Address Wheatonsville, Md.

17. Burial Date thereof July 9, 1948
(Burial, cremation, or removal. Which?) (Month) (day) (year)

Cemetery or crematory St. Lincoln

Location Colman Manor Md.

18. Funeral director F. Gasche son

Address Hyattsville Md.

19. July 9 19 48 Mrs. Jas. Severe
Date rec'd by registrar (Month) (day) (year) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 19 48 at 11 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19 and that I last saw him alive on 19

Immediate cause of death Hemorrhage & shock

Due to Multiple lacerations of face
Due to Sudden

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of July 6, 1948

Where did injury occur? Cap. Dist. Pr. Geo. - Md.
(City or town) (State)

Injured at home, farm, industry, public place (where?) Public Highway

Means of injury Auto accident Injured at work? No

23. SIGNATURE John J. Maloney, M.D.
M. D. or other

Address Chesley - Md. Date signed 7-6-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 10 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07501

Reg. Dist. No. 243

1. PLACE OF DEATH:

County Prince Georges
 City or town Glenn Dale, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 yr., 3 mos., 7 days
 Hospital, institution, or street address where death occurred:
Glenn Dale Sanatorium
 How long in hospital or institution? 1 yr., 3 mos., 7 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State D. C. County _____
 City or town 4872 McArthur Blvd., Washington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 4872 McArthur Blvd.
 (If rural, give LOCATION) ✓

2.(a) If veteran, name war _____

3. (a) FULL NAME

VIRGINIA KLEINBERG

3. (b) Social Security Number

- - -

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

- - -

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

July 21, 1925

8. AGE:

Years

Months

Days

If less than one day

2323010

hrs.

min.

9. Birthplace

Iron Mt., Michigan

(Town, county, and state)

10. Usual occupation

Personnel Clerk

11. Industry or business

- - -

FATHER

12. Name

Fred H. Kleinberg

13. Birthplace

? Lithuania

MOTHER

14. Maiden name

Lydia ?

15. Birthplace

? Pennsylvania

16. Informant

Deceased

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

Aug. 1, 1948

(month) (day) (year)

Cemetery or crematory

Cemetery

Location

Meerill, Wisconsin

18. Funeral director

W. W. Chambers Co.

Address

3072 - M - St. N. W.

19.

(Date rec'd by registrar)

7-31-48 Rowland S. Phillips

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JULY 31 1948 at 2:40 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

APR. 23 1947 to JULY 31 1948and that I last saw her alive on JULY 31 1948

Immediate cause of death

Pulmonary Tuberculosis

DURATION

1 yr. 8 mo.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Daniel Leo Finucane MD

M. D. or other

Address

Glenn Dale, Md.Date signed 7-31-48

RECEIVED

AUG 9 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 183

17512

1. PLACE OF DEATH:

County Prince Georges

City or town Upper Marlboro

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 day

Hospital, institution, or street address where death occurred:

Largo Road

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Prince Georges

City or town Upper Marlboro

(If outside city or town limits, write RURAL and give nearest town)

Street No. Largo Road

(If rural, give LOCATION)

2.(a) If veteran, name war no

3. (a) FULL NAME

Ambrose Howard Lewis

3. (b) Social Security Number

710

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male

White

Single

8. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 24, 1947

8. AGE: Years Months Days If less than one day

1 1 3 hrs. min.

9. Birthplace Upper Marlboro, Md.

(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Ambrose Lewis

13. Birthplace Clinton, Md.

14. Maiden name Bessie Sweeney

15. Birthplace Upper Marlboro, Md.

16. Informant Ambrose Lewis - Father

Address Upper Marlboro, Md.

17. Burial Date thereof July 29, 1948

(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Trinity Episcopal Church Cem

Location Upper Marlboro, Md.

19. Funeral director Ritchie Bros

Address Upper Marlboro, Maryland

19. July 29, 1948 Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Tues July 27 1948 at 9:00 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 to 19

and that I last saw him alive on 19

Immediate cause of death

Asphyxia

Due to Suffocation

Due to Fell into a slop barrel

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur Upper Marlboro, Md.

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Fell in slop barrel

Injured at work?

23. SIGNATURE Deputy Medical Examiner

Address Presville, Va.

Date signed 7-27-48

RECEIVED
JUL 30 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

07503

231

1. PLACE OF DEATH:

County Prince George's County
City or town Seabrook
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State D.C. County WashingtonCity or town Washington
(If outside city or town limits, write RURAL and give nearest town)Street No. 426 - 1st St
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

ETHEL LILLIAN LOWRY

3. (b) Social Security Number

None4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or Calvert Lowry7. Birth date of deceased (mo., day, yr.) Dec 21, 1890 6. (c) If alive, give age 57 years8. AGE: Years 57 Months 0 Days 0 If less than one day 0 hrs. 0 min.9. Birthplace Seabrook Maryland
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name Benjamin F. Binnix13. Birthplace Sunberry Pa.14. Maiden name Emma Jane Kagle15. Birthplace Seabrook, Md.16. Informant Calvert LowryAddress 426 First St., S.E.17. Burial Date thereof July 13, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Fort Lincoln CemeteryLocation Prince George's County, Md.18. Funeral director Chas. E. Chambers & Co.Address 517 11th Street S. E.19. 7/10 48 Amanda Denny
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 19 48, at 7a M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 19 48, to July 10 19 48and that I last saw him alive on July 8 19 48Immediate cause of death Coronary Thrombosis DURATIONmyocarditis

Due to

Due to Diabetes Mellitus

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations no

Date of op.

Autopsy results no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

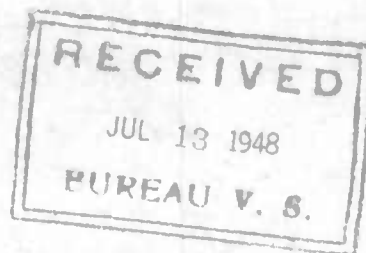
Means of injury Injured at work?

23. SIGNATURE Chas. E. Chambers & Co. M. D. or otherAddress 301-B N.E. Date signed 7/19/48

MARGIN RESERVED FOR BINDING

VS 415 9-43-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

EVIDENCE FOR CHANGE
OF AGE SHOWN ON:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

FILE No. G 116 AUG 5 - 1948

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Bruce George

City or town Riversdale Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Island Memorial Hosp

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Bruce Georgia

City or town Riversdale
(If outside city or town limits, write RURAL and give nearest town)

Street No. 6520 Wells Parkway
(If rural, give LOCATION)

2(a) If veteran, name war

3. (a) FULL NAME

Louis Douglas Mayhugh Jr

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Oct 24, 1932

6. (c) If alive, give age

8. AGE:

Years 15 16 Months 8 Days 23 If less than one day

9. Birthplace

Washington D.C.
(Town, county, and state)

10. Usual occupation

unemployed

11. Industry or business

12. Name Louis D Mayhugh

13. Birthplace

Washington D.C.

14. Maiden name

Evelyn Luckett

15. Birthplace

Md

16. Informant

Charles E. Besch

17. Burial, cremation, or removal, (which?)

Burial Date thereof July 19, 1948
(month) (day) (year)

18. Cemetery or crematory

Washington Natl Cemetery

19. Location

Smithland, Maryland

20. Funeral director

W. W. Chambers Co.

21. Address

5801 Cleveland Ave. Riversdale Md.

22. Date rec'd by Registrar

July 17, 1948 Registrar Mrs. Jas. Devere

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17th 19 48 at 5:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on

Immediate cause of death

multiple comminuted
fracture of maxilla +
mandible - hemorrhage
+ shock.

Due to

Multiple lacerations
of face & arm -
(Include pregnancy within 3 months of death)

Major findings of operations

..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 7-17-48

Where did injury occur? Beltville Pk. Geo. Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Public Highway

Means of injury Auto. accident Injured at work?

Md. John J. Maloney Dep. Med. Exam.

23. SIGNATURE Cheverly, Md M. D. or other

Address Date signed 7-17-48

RECEIVED

JUL 19 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 229

1. PLACE OF DEATH:

County Prince George

City or town Lanham
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Warren Hospital

How long in hospital or institution? 2 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George

City or town Lanham
(If outside city or town limits, write RURAL and give nearest town)

Street No. 409 Montgomerly Road
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Nellie Mays

3. (b) Social Security Number

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife George R. Mays

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 24, 1879

8. AGE: Years 69 Months 3 Days 13 If less than one day hrs. min.

9. Birthplace Port Republic, Virginia
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business None

12. Name Walter Palmer

13. Birthplace Pa.

14. Maiden name Catherine

15. Birthplace Virginia

16. Informant Mrs. Catherine Fairall

Address 909 Montgomerly Ave

17. Burial Date hereof July 9, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Long Hill Cemetery

Location Lanham, Maryland

18. Funeral director Dr. W. H. Donaldson

Address Lanham, Maryland

July 9 1948 M. Brashears
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1948 at 3:00 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1948 to July 7 1948

and that I last saw her alive on July 6 1948

Immediate cause of death Carcinoma of stomach DURATION 6 months

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Inoperable Carcinoma of stomach

Date of op. June 14, 1948

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE Stephens, M.D. M. D. or other

Address Lanham, Maryland Date signed 7/8/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Ine correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 12 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

County PRINCE GEORGESCity or town CHEVERLY
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 DAYS, 12 HRS. 50 min.

Hospital, institution, or street address where death occurred:

PRINCE GEORGES GENERAL HOSPITALHow long in hospital or institution? 3 Days, 12 hrs. 50 min.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince GeorgesCity or town Mt. Ranier
(If outside city or town limits, write RURAL and give nearest town)Street No. 3304 Otis Street
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Mr. George Mezzanotte

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

MWWidowed

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Oct. 12, 18738. AGE: Years Months Days If less than one day
74 8 23 hrs. min.9. Birthplace Austria
(Town, county, and state)10. Usual occupation Retired

11. Industry or business

12. Name Unknown

13. Birthplace

14. Maiden name Unknown

15. Birthplace

16. Informant James MezzanotteAddress 3304 - Otis St. Mt. Ranier17. Burial Date thereof July 7, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Fort Lincoln CemeteryLocation Colmar Manor Md.18. Funeral director Wm. J. HallerAddress 3200 - R. I. Ave Mt. Ranier Md.19. July 6, 48 Ananda Doering
(Date rec'd by registrar) Registrar

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5, 19 48 at 8:35 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 1 19 48 to July 5 19 48
and that I last saw h. i. m. alive on July 4 19 48Immediate cause of death Acute Pulmonary Edema DURATION 4 hrs.Due to Chronic myocarditis

Due to

Other conditions Generalized atherosclerosis
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE Louis B. Bachrach M.D. M. D. or otherAddress 915-19th St. N.W. Date signed July 5, 1948

RECEIVED

JUL 8 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 07502
m/s

1. PLACE OF DEATH:

County PRINCE GEORGES
City or town HYATTSVILLE
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County PRINCE GEORGES
City or town HYATTSVILLE
(If outside city or town limits, write RURAL and give nearest town)

Street No. 4006 OLIVER ST.

(If rural, give LOCATION)

2. (a) If veteran, name war

NONE

3. (a) FULL NAME

CHARLES SAMUEL MITCHELL SR.

3. (b) Social Security Number

4. Sex

MALE

5. Color or race

WHITE

6. (a) Single, married, widowed, or divorced

WIDOWED

6. (b) Name of husband or wife

Lillie

7. Birth date of

deceased (mo., day, yr.)

JULY 1 1862

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

86-7

hrs.

min.

9. Birthplace

MADISON CO. VIRGINIA

(Town, county, and state)

10. Usual occupation

CARPENTER (RETIRED)

11. Industry or business

MOTHER FATHER

12. Name

ALBERT MITCHELL

13. Birthplace

VIRGINIA

14. Maiden name

NOT KNOWN

15. Birthplace

VIRGINIA

16. Informant

MRS EDDIE GROVES (DTR.)

Address

4006 OLIVER ST. HYATTSVILLE

17.

(Burial, cremation, or removal. Which?)

Date thereof July 10, 1948
(month) (day) (year)

Cemetery or crematory

Cedar Hill

Location

Suitland, Pr Geo. Co., Md.

18. Funeral director

W W Chambers Co.

Address

5801 Cleveland AveRiverdale, Md.19. July 9 1948
(Date rec'd by registrar)1948James S. Sney

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1948 at 4:45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 2 1944 to July 8 1948and that I last saw him alive on July 4 1948

Immediate cause of death

DURATION

Myocardial insufficiency

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

James S. Sney

M. D. or other

Address

Hyattsville, Md.

Date signed

July 9

RECEIVED

JUL 12 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County..... Prince Georges
 City or town..... Glenn Dale, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 4 mos., 5 days
 Hospital, institution, or street address where death occurred:
 Glenn Dale Sanatorium
 How long in hospital or institution?..... 4 mos., 5 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... D. C. County.....
 City or town..... Washington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... 253 V. St., N. W., Apr. #21
 (If rural, give LOCATION) ✓

2.(a) If veteran, name war.....

3. (a) FULL NAME

CLAYRETHA MONTGOMERY

3. (b) Social Security Number

578-30-2930

4. Sex..... Female
 5. Color or race..... Negro
 6.(a) Single, married, widowed, or divorced..... Married
 6.(b) Name of husband or wife..... Howard Montgomery
 6.(c) If alive, give age..... 24..... years
 7. Birth date of deceased (mo., day, yr.)..... November 18, 1927
 8. AGE: Years..... 20 Months..... 7 Days..... 29 If less than one day..... hrs. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH..... JULY 17 1948 at 3:15 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
 MARCH 11 1948 to JULY 17 1948
 and that I last saw her alive on JULY 17 1948

Immediate cause of death..... Pulmonary Tuberculosis
 DURATION 6 mo

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State).....

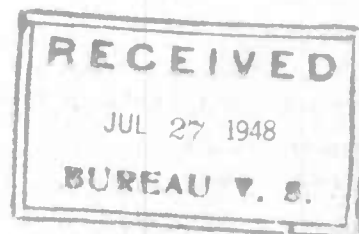
Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?.....

23. SIGNATURE..... Daniel Leo Pincus M.D.
M. D. or other

Address..... Glen Dale Md. Date signed..... 7-17-48

9. Birthplace..... Washington, D. C.
 (Town, county, and state)
 10. Usual occupation..... Housewife
 11. Industry or business.....
 12. Name..... Walter Johnson
 13. Birthplace..... Washington, D. C.
 14. Maiden name..... Alice Turner
 15. Birthplace..... Washington, D. C.
 16. Informant..... Deceased
 Address.....
 17. Burial, cremation, or removal, Which?..... General to be buried Date thereof..... July 17 1948
 (month) (day) (year)
 Cemetery or crematory.....
 Location.....
 18. Funeral director..... John T Rhines & Co - Wm Spangler
 Address..... 901-3 St S.W.
 19. July 17 1948 Rowland P. Phillips
 (Date rec'd by registrar) Registrar



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07509

Reg. Dist. No. 245

1. PLACE OF DEATH:

County... Prince George
 City or town... Riverdale, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 days 9 hrs. 5 min.
 Hospital, institution, or street address where death occurred:
 Island Memorial Hosp. Riverdale, Md.
 How long in hospital or institution? 2 days 9 hrs. 5 min.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... D.C. County... District of Columbia
 City or town... Washington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 11 Nicholson St. N.W. Wash. D.C.
 (If rural, give LOCATION)
 2.(a) If veteran, name war...

3. (a) FULL NAME

Baby Girl Agle

3. (b) Social Security Number

4. Sex female
 5. Color or race white
 6.(a) Single, married, widowed, or divorced infant

6.(b) Name of husband or wife
 6.(c) If alive, give age. 2 days

7. Birth date of deceased (mo., day, yr.) July 5, 1948

8. AGE: Years Months Days It less than one day
 2 9 hrs. 5 min.

9. Birthplace Island Memorial Hosp. Riverdale, Md.
 (Town, county, and state)

10. Usual occupation infant

11. Industry or business

12. Name Edward Garson Agle
 13. Birthplace De Zuer, Arkansas

14. Maiden name Mrs. Oliver Florence Sheppard Agle
 15. Birthplace Greenville, South Carolina

16. Informant Mrs. Edward F. Garson Agle

Address 11 Nicholson St. N.W. Wash. D.C.
 17. Burial (Burial, cremation, or removal. Which?) Date thereof July 9, 1948
 (month) (day) (year)

Cemetery or crematory Evergreen
 Location Bladensburg Rd
 F. Groch's son

18. Funeral director
 Address Hyattsville Md

19. July 9, 1948 Mrs. Jas. Garson
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8, 1948 at 5:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 5, 1948, to July 8, 1948, and that I last saw him alive on July 8, 1948.

Immediate cause of death Prematurity - 6 1/2 mo pregnancy
 Due to Abruptio placenta

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE L W Malin M.D.
 Address Riverdale, Md. Date signed 7-8-48

RECEIVED

JUL 10 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Items 1 & 2 amended by evidence
microfilmed 8-17-48 G116.L

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:

County Prince Georges
City or town Washington
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 10 years 60 days
Hospital, institution, or street address where death occurred:
Lower House
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: WASHINGTON DC

(For newborn infants give residence of mother)

State Maryland County Prince Georges
City or town WASHINGTON DC
(If outside city or town limits, write RURAL and give nearest town)
Street No. 15 Dupont
(If rural, give LOCATION) Circle, NW

2(a) If veteran, name war ✓

3. (a) FULL NAME

Eleanor Medill Patterson

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Elmer Schlemmer

7. Birth date of deceased (mo., day, yr.) November 7, 1884

8. AGE: Years 63 Months 0 Days 0 It less than one day 0 hrs. 0 min.

9. Birthplace Chicago, Ill
(Town, county, and state)

10. Usual occupation Newspaper Publisher

11. Industry or business News Paper

12. Name Robert Patterson

13. Birthplace Illinois

14. Maiden name Eleanor Medill

15. Birthplace Illinois

16. Informant Frank Waldrop

Address 4900 Loughboro Rd NW, Wash DC

17. CREMATION Date thereof JULY 27, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory CEDAR HILL

Location SUITHAND MD.

18. Funeral director Geo Gawlis Sons

Address 11254 Pa Ave NW Wash DC

19. July 24 19 48 Carrie F. Campbell
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 19 48 at 2:50 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19 and that I last saw h. alive on 19

Immediate cause of death Acute congestive heart failure

Due to Cardiovascular renal disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

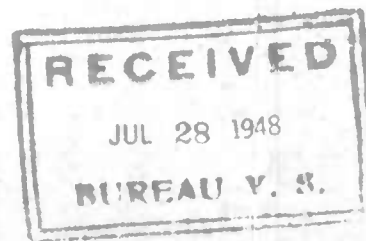
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

Signature James D. [unclear] M. D. or other

Address Freestall Ind Date signed 7-24-48

new-res copy made 8/31/48
etc



Handley

Per F. H. G. 9/2/48

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 07511 245

1. PLACE OF DEATH:

County Prince Georges
City or town Riverside, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 22 days
Hospital, institution, or street address where death occurred:
Eugene Deland Memorial Hosp.
How long in hospital or institution? 22 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State D.C. County Washington
City or town Washington
(If outside city or town limits, write RURAL and give nearest town)
Street No. 815 Webster St. N.W.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

3. (b) Social Security Number

Miss Antoinette Francis Peterson

4. Sex Fe 5. Color or race White 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife single
7. Birth date of deceased (mo., day, yr.) abt 1867
8. AGE: Years 81 Months 0 Days 0 If less than one day hrs. min.

9. Birthplace New York
(Town, county, and state)

10. Usual occupation Lab Office Employee

11. Industry or business

12. Name Unknown

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant Mrs. Charles Reynolds
Address 4414 14th St. N.W. Washington, D.C.

17. Burial Date thereof Aug 2, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Rock Creek Cemetery
Location Rock Creek Church Rd & Webster St.

18. Funeral director W.W. Chambers Co
Address 1400 - Chapin St N.W.

19. July 31 19 48 Mrs. J. Severe
(Date rec'd by registrar) (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 19 48 at 5:35 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 5 19 48 to July 31 19 48
and that I last saw him alive on July 31 19 48

Immediate cause of death uranium

Due to Senile psychosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

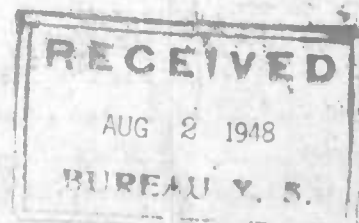
23. SIGNATURE St. G. Rehoffenbry, Jr.

Address 4404 Wisconsin Rd. Wash. D.C. 20007-31-48

MARGIN RESERVED FOR BINDING

VS A15-1 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 46d 07512 243

1. PLACE OF DEATH:

County Prince GeorgesCity or town Glenn Dale - (Rural)
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 66 daysHospital, institution, or street address where death occurred:
Glenn Dale SanatoriumHow long in hospital or institution? 66 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State D.C. CountyCity or town Washington
(If outside city or town limits, write RURAL and give nearest town)Street No. 1010-17th St. N.E.
(If rural, give LOCATION)2.(a) If veteran, name war -

3. (a) FULL NAME

Polansky, Essie

3. (b) Social Security Number

none

4. Sex female 5. Color or race white 6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Samuel Polansky6. (c) If alive, give age - years7. Birth date of deceased (mo., day, yr.) November 10, 19018. AGE: Years 46 Months 8 Days 13 If less than one day - hrs. - min.9. Birthplace Russia
(Town, county, and state)10. Usual occupation housewife11. Industry or business -FATHER 12. Name Benjamin Gordon13. Birthplace RussiaMOTHER 14. Maiden name Anna ? (unable to recall)15. Birthplace Russia16. Informant deceased

Address

17. Burial Date thereof July 25, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Keshet Israel CemeteryLocation Capitol Heights, Prince Georges Co., Md.19. Funeral director B. Hanzanovsky & SonAddress 3501 - 14th St. NW. Wash. DC.19. Date July 24, 1948 by Registrar Rowland S. Phillips

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23, 1948 at 10:35 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 18, 1948 to July 23, 1948
and that I last saw her alive on July 23, 1948Immediate cause of death Pulmonary Tuberculosis DURATION 9 yrsDue to Carcinoma of Rectum 1 yr

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

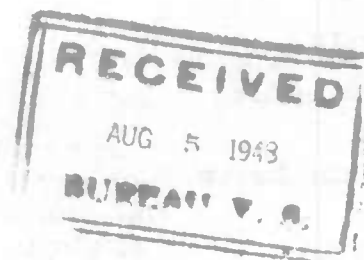
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Daniel Leo Fineane MD M. D. or otherAddress Glenn Dale Md Date signed 7/23/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

07513

231

1. PLACE OF DEATH:

County PRINCE GEORGES
 City or town CHEVERLY
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 99 days 4 hrs
 Hospital, institution, or street address where death occurred:
PRINCE GEORGES GENERAL HOSP
 How long in hospital or institution? 99 days 4 hrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges
 City or town Berwyn
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 4824 Osage St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

MARION POTTS

3. (b) Social Security Number

4. Sex Fem. 5. Color or race w. 6.(a) Single, married, widowed, or divorced widowed
 6.(b) Name of husband or wife
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) March 25, 1878
 8. AGE: Years 70 Months 3 Days 21 If less than one day _____ hrs. _____ min.

9. Birthplace 5. Carolina
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial Date thereof July 20th 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Cedar HillLocation Maryland18. Funeral director Lee Sons CoAddress 300-4th St NE, Washington DC19. 7/17 19 48 Amanda Dorney
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 16 July 19 48 at 11:30 P21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4/19 19 48 to 7/16 19 48

and that I last saw him alive on _____ 19 _____

Immediate cause of death Pulmonary edema DURATIONDue to fracture of leftDue to fractured neck

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of about 1944Where did injury occur? Washington (City or town) (County) (State)Injured at home, farm, industry, public place (where?) Ref: Dr. H. H. H. H.Means of injury Injured at work? no23. SIGNATURE Henry L. Jaffer M.D.Address 1918 K St. N.W. Date signed 7/17/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 230

1. PLACE OF DEATH:

County Prince Georges
 City or town Berwyn, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 8 years
 Hospital, institution, or street address where death occurred:
5014 Iroquois Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Pr. Georges
 City or town Berwyn
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 5014 Iroquois Street
 (If rural, give LOCATION)
 2.(a) if veteran, name war World War 1

3. (a) FULL NAME

Raymond Anderson Prettyman

3. (b) Social Security Number

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6.(a) Single, married, widowed, or divorced <u>Widowed</u>
-----------------------	----------------------------------	---

6.(b) Name of husband or wife.....
 6.(c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.) November 22, 1887
 8. AGE: Years Months Days If less than one day
60 7 18 hrs. min.

9. Birthplace Salisbury, Maryland
 (Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name John A. Prettyman
 13. Birthplace Salisbury, Md.

MOTHER 14. Maiden name Ella Jones
 15. Birthplace Salisbury, Md.

16. Informant John E. Prettyman

Address 720- 17th Street, N.W. Wash., D.C.

17. Burial Date thereof July 14 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Arlington National

Location Arlington, Va

18. Funeral director J. H. Schach's Sons

Address Hyattsville Md

19. July 13th 1948 John K. Smith
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10, 1948, at ? M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19....., to 19.....

and that I last saw him alive on 19.....

Immediate cause of death.....
Gunshot wound through head.
Intercranial hemorrhage; shock

Due to.....

Due to.....

Other conditions Cardio-vascular renal
disease
 (Include pregnancy within 3 months of death)

Major findings of operations.....

Autopsy results Same Date of op.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide Date of 7-10-48

Where did injury occur? Berwyn, Pr. Geo. Maryland
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Self inflicted Injured at work?

23. SIGNATURE John J. Maloney Examiner
 M. D. or other

Address Cherry Hill Hyattsville Date signed 7-11-48

RECEIVED

JUL 15 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 07515
m45

1. PLACE OF DEATH

County Prince GeorgesCity or town Hyattsville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 30 years

Hospital, institution, or street address where death occurred:

2705 - Green's Chapel Road

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Pr. GeorgesCity or town Hyattsville, Md.
(If outside city or town limits, write RURAL and give nearest town)Street No. 2705 - Green's Chapel Rd.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Isabel Arthur Ray.

3.(b) Social Security Number

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) July 7, 1883

6.(c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

6523

hrs.

min.

9. Birthplace Wash. D.C.
(Town, county, and state)10. Usual occupation None

11. Industry or business

12. Name Mr. Winfield Arthur13. Birthplace D.C.14. Maiden name Endemann15. Birthplace "16. Informant Gertrude Bender (niece)Address Mt. Rainier, Md.17. Burial Date thereof 7-31-48
(Burial, cremation, or removal, which) (month) (day) (year)Cemetery or crematory Rock Creek Maus.Location Wash. D.C.18. Funeral director W. J. HuntermanAddress 5732 Ka Line19. July 29 1948 Jane Serris
(Date read by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1948 at 7 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

.....19..... to19.....

and that I last saw him alive on19.....

Immediate cause of death

Hypertensive Heart Disease

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE John D. Mahoney Dep. Medical Examiner
M. D. or otherAddress Cherry Hill Hyattsville Date signed 7-29-48

RECEIVED

JUL 31 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07516

Reg. Dist. No. 243

1. PLACE OF DEATH:

County..... Prince Georges
 City or town..... Glenn Dale, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 yrs., 3 mos., 3 days
 Hospital, institution, or street address where death occurred:
 Glenn Dale Sanatorium
 How long in hospital or institution? 2 yrs., 3 mos., 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... D. C. County.....
 City or town..... Washington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... 831 Second St., S. W.
 (If rural, give LOCATION) ✓
 2.(a) If veteran, name war.....

3. (a) FULL NAME

UHLAND B. RICHARDSON

3. (b) Social Security Number

246-07-1069

4. Sex

Male

5. Color or race

Negro

6. (a) Single, married, widowed, or divorced

Separated

6. (b) Name of husband or wife

Hattie Mae Mokely

7. Birth date of deceased (mo., day, yr.)

October 2, 1912

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

35

35

9

20

hrs.

min.

9. Birthplace

Saluga, South Carolina

(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

FATHER

12. Name

Willey Richardson

13. Birthplace

Saluga, South Carolina

MOTHER

14. Maiden name

Minnie Hubbard

15. Birthplace

Saluga, South Carolina

16. Informant

Deceased

Address

17.

Burial
(Burial, cremation, or removal. Which?)

Date thereof

July 25 1948
(month) (day) (year)

Cemetery or crematory

community plot

Location

Saluga, South Carolina

18. Funeral director

Berrier Memorial Funeral Service

Address

24 H St. NW, - D.C.

19.

July 25 1948 Rowland S. Phillips
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

JULY 22 1948 at 12³⁰ A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

APR. 18 1946 to JULY 22 1948

and that I last saw him alive on

JULY 22 1948

Immediate cause of death

Pulmonary Tuberculosis

DURATION

2 yr. 4 mo.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Daniel Leo Pinucan MD.
M. D. or other

Address

Glenn Dale, Md.

Date signed 7-22-48

RECEIVED

JUL 29 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07517

Reg. Dist. No. 245

1. PLACE OF DEATH:

County Prince George
 City or town Riverdale
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 hours and 10 min

Hospital, institution, or street address where death occurred:

Eugene Leland Memorial HospitalHow long in hospital or institution? 2 hours and 10 min

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County PRINCE GEORGESCity or town Beltsville
(If outside city or town limits, write RURAL and give nearest town)Street No. R.D.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Miss Pauline Hattie Robey

3.(b) Social Security Number

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Female White Single (Divorced)

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Oct. 3, 1896

6.(c) If alive, give age... years

8. AGE: Years Months Days If less than one day

51 9 3 hrs. min.9. Birthplace Maryland
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name James Robey13. Birthplace Maryland14. Maiden name Adelle Robey15. Birthplace Maryland16. Informant Mrs. Bella KellyAddress Beltsville Maryland17. Burial (Burial, cremation, or removal, Which?) Date thereof July 8, 1948
(month) (day) (year)Cemetery or crematory EmmanuelLocation Brooklyn Md.18. Funeral director Funeral HomeAddress 641 - N. 17th St. Wash D.C.19. July 6, 1948 James Sever

(Date registered by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6 July 19 48 at 4¹⁰ P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 19 48 to 6 July 19 48 and that I last saw him alive on 6 July 19 48Immediate cause of death Cerebral Thrombosis DURATION 1 dayDue to Hypertensive
CARDIO-VASCULAR Disease 5987

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W.H. Etienne M. D. or otherAddress Beltsville Md. Date signed 7-6-48

RECEIVED

JUL 8 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 07518 243

1. PLACE OF DEATH:

County..... Prince Georges
City or town..... Glenn Dale, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 8 mos., 23 days
Hospital, institution, or street address where death occurred:
Glenn Dale Sanatorium
How long in hospital or institution? 8 mos., 23 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Virginia County.....
City or town..... Richmond
(If outside city or town limits, write RURAL and give nearest town)
Street No. 101 E. Main St.,
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

JULIA L. SALES

3. (b) Social Security Number

4. Sex..... Female 5. Color or race..... White 6. (a) Single, married, widowed, or divorced..... Widowed

6. (b) Name of husband or wife..... Edward Sales

7. Birth date of deceased (mo., day, yr.)..... July 14, 1910 6. (c) If alive, give age..... years

8. AGE: Years..... 38 Months..... 0 Days..... 2 If less than one day..... hrs. min.

9. Birthplace..... Caroline County, Virginia
(Town, county, and state)

10. Usual occupation..... Housewife

11. Industry or business.....

FATHER 12. Name..... Robert Satterwhite
13. Birthplace..... Caroline County, Virginia

MOTHER 14. Maiden name..... Mary E. Nowell
15. Birthplace..... Caroline County, Virginia

16. Informant..... Deceased

Address.....

17. Removal to Washington D.C. July 16, 1948
(Burial, cremation, or removal. Which?) Date thereof..... (month) (day) (year)

Cemetery or crematory.....

Location.....

18. Funeral director..... J. Olin Lee Sons Co

Address..... 300 - 4th St N.E. Washington D.C.

19. July 16 1948 Rowland S. Phillips
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... July 16, 1948 at 6:26 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 22, 1947 to July 16, 1948 and that I last saw him/her alive on July 15, 1948

Immediate cause of death..... Pulmonary Tuberculosis DURATION..... 3 yrs. 11 mos.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... Daniel Leo Pineane M.D.
M. D. or other.....
Address..... Glenn Dale Md. Date signed..... 7/16/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 27 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07519

Reg. Dist. No. 242

1. PLACE OF DEATH:
County Prince Georges
City or town Santiam
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 17
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince Geo
City or town Santiam
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Francis Schaumontet

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Oliver Pearl Schaumontet

7. Birth date of deceased (mo., day, yr.) Jan 13, 1905 6.(c) If alive, give age 37 years

8. AGE: Years 43 Months 6 Days 22 If less than one day
hrs. min.

9. Birthplace Washington D.C.
(City, town, county, and state)

10. Usual occupation Laboratory Mechanic

11. Industry or business Bu. of Standards

12. Name Francis Schaumontet

13. Birthplace Geneva, Switzerland

14. Maiden name Pherneg

15. Birthplace Neuchâtel, Switzerland

16. Informant Oliver Pearl Schaumontet

Address Santiam, Md. (Wife)

17. Burial Date thereof July 8, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Int. Olym.

Location Washington D.C.

18. Funeral director L. Kische son

Address Hyattsville Md

19. July 8 1948 Amanda H. Conway
(Date rec'd by registrar) (month) (day) (year) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1948 at 6:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
19... to 19...
and that I last saw him... alive on 19...

Immediate cause of death

Coronary Occlusion Sudden

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE John W. Maloney, Dep. Med. Exam.

Address Chesley-Hyattsville Md Date signed 7-5-48

MARGIN RESERVED FOR BINDING

1

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 15 1948

BUREAU V. S.

RECEIVED

JUL 20 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DISTRICT OF COLUMBIA HEALTH DEPARTMENT, BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH: Dr. Jung's Co.
 (a) Street address EASTERN AVE NE.
 (b) Name of hospital or institution _____
 (c) Length of stay: In hospital or institution _____
 (d) In District of Columbia _____

2. USUAL RESIDENCE OF DECEASED:
 (a) State DC (b) County 4th
 (c) City or town Washington
 (If outside city or town limits write RURAL)
 (d) Street address 4601 Eastern Ave NE
 (If rural give location)
 (e) Citizen of what country? _____

3. (a) FULL NAME (Print) HENRY Lee SMITH

3. (b) SOCIAL SECURITY NO. 220-09-9657

3. (c) IF VETERAN, NAME WAR None

4. SEX: Male 5. COLOR OR RACE White 6. (a) SINGLE, MARRIED, WIDOWED, DIVORCED Married

6. (b) NAME OF HUSBAND OR WIFE Nora Flo Smith

7. BIRTH DATE OF DECEASED Oct 21 1886
 (Month) (Day) (Year)

8. AGE: Years 61 Months _____ Days _____ If LESS than one day _____ hr. _____ min.

9. BIRTHPLACE Red Lion Penn.
 (City, town or county) (State or foreign country)

10. USUAL OCCUPATION Clothier

11. INDUSTRY OR BUSINESS Hiltons Shop

Father { 12. NAME (Print) Frank Smith
 13. BIRTHPLACE York Co. Penn
 (City, town, or county) (State or foreign country)

Mother { 14. MAIDEN NAME (Print) Arvilla Givens
 15. BIRTHPLACE York Co. Penn
 (City, town, or county) (State or foreign country)

16. (a) INFORMANT Nora Flo Smith

(b) ADDRESS 4601 Eastern Ave NE

(c) RELATION OF INFORMANT TO DECEDENT Wife

17. (a) PLACE OF BURIAL, CREMATION, OR REMOVAL

Red Lion, York Co. Penna.

(b) DATE _____ (Month) (Day) (Year)

18. (a) The S. H. Hines Co.
 (Signature of funeral director)

(b) ADDRESS 2901-14th St. N.W.

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 7, 1947
 (Month) (Day)
 at 4:00 A m.
 (State exact time of death)

21. I HEREBY CERTIFY that I attended the deceased from June 10, 1947 to July 7, 1947;
 That I last saw him alive on July 6, 1947;
 and that death occurred on the date and hour stated above.

Immediate cause of death

Congestive Heart Failure

Due to Coronary Heart Disease

Due to _____

DURATION

10 days

3 yr

Other conditions _____

(Include report of pregnancy within 3 months of death)

OPERATION: _____

Name _____ Date _____

Major findings _____

Autopsy findings _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, in industrial place, in public place? _____ (Specify type of place)

(e) Means of injury _____

23. SIGNATURE Joseph H. Watson M.D.

Address 1822 Belmont St. Date signed July 7, 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

07521

243

1. PLACE OF DEATH

County Prince GeorgesCity or town Same
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? transit

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

James G. E. Smith

3. (b) Social Security Number

579-05-0194

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Theresa Marie Smith6. (c) If alive, give age 34 years

7. Birth date of deceased (mo., day, yr.)

Jan 6, 1904

8. AGE:

Years

Months

Days

If less than one day

44624

hrs.

min.

9. Birthplace

Maryland
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

James W. Smith

12. Name

Maryland

13. Birthplace

Josephine Winder

14. Maiden name

15. Birthplace

Maryland

16. Informant

Theresa Marie Winder

Address

Mitchellville Md.

17. Burial

(Burial, cremation, or removal, which?)

Date thereof Aug 3, 1948
(month) (day) (year)

Cemetery or crematory

Washington Cemetery

Location

Virginia

18. Funeral director

F. Gasch's sons

Address

Hyattsville Md.19. Aug 3rd 19 48

(Date received by Registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince GeorgeCity or town Mitchellville
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war World war # 2

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 19 48 at 3:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19..... to 19.....

and that I last saw him alive on 19.....

Immediate cause of death

Compound comminuted fracture of base of skull

DURATION

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 7-30-48Where did injury occur? Same - P. Geo. County, Md.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) Public HighwayMeans of injury Fell from truck Injured at work?

23. SIGNATURE

John J. Maloney Dep. Reg.
Cherry - Maryland Garrison
Address Date signed 7-30-48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 9 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07522

Reg. Dist. No. 243

1. PLACE OF DEATH:

County..... Prince Georges
City or town..... Glenn Dale, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 days
Hospital, institution, or street address where death occurred:
Glenn Dale Sanatorium
How long in hospital or institution? 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State..... D. C. County.....
City or town..... Washington
(If outside city or town limits, write RURAL and give nearest town)
Street No..... 706 - A. Street, S. E.
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME

Ruth Smith

3. (b) Social Security Number

--

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

March 16, 1911

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

37

37

4

3

hrs.

min.

9. Birthplace

Rappidan, Virginia
(Town, county, and state)

10. Usual occupation

Practical Nurse

11. Industry or business

FATHER
MOTHER

12. Name

Robert N. Smith

13. Birthplace

Rappidan, Virginia

14. Maiden name

Mary A. Yates

15. Birthplace

Rappidan, Virginia

16. Informant

Deceased

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

July 22 1948
(month) (day) (year)

Cemetery or crematory

Eden Hill Cemetery

Location

Prince Georges County, Md.

18. Funeral director

Address

19.

(Date recd by registrar)

James T. Phillips Inc.
1317 Pa Ave S E
July 20 1948 Rowland S. Phillips
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 19 1948 at 3:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 14 1948 to July 19 1948
and that I last saw him alive on July 19 1948

Immediate cause of death

Pulmonary Tuberculosis

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Manner of injury

Injured at work?

23. SIGNATURE

Daniel Leo Finucan M.D.
Glenn Dale, Md. Date signed 7/19/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUL 27 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

160C

07523

Reg. Dist. No. 232

1. PLACE OF DEATH:

County Prince GeorgesCity or town Rosaryville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Baby Spencer

3. (b) Social Security Number

4. Sex

Female

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) July 17, 19488. AGE: Years Months Days If less than one day
.....hrs. 15 min.9. Birthplace Rosaryville, Md.
(town, county, and state)10. Usual occupation none

11. Industry or business

12. Name Ray Joseph Spencer13. Birthplace Indian River14. Maiden name Ruth Ellen Marshall15. Birthplace Maryland16. Informant Ray J. SpencerAddress Upper Marlboro, Md.

17. (Burial, cremation, or removal, Which) Date thereof (month) (day) (year)

Cemetery or crematory BurialLocation Upper Marlboro, Md.18. Funeral director Ray J. SpencerAddress Upper Marlboro, Md.19. July 17, 1948

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince GeorgesCity or town Upper Marlboro
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17, 1948 at 1:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

.....19....., to.....19.....

and that I last saw h.....alive on.....19.....

Immediate cause of death

Intra cranial birthinjuriesDue to premature delivery

Due to

Other conditions

Baby about 36 cm long

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

Deputy Medical Examiner23. SIGNATURE James T. EagleAddress Forestville, Md. Date signed 7.17.48

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JUL 20 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County..... Prince Georges
 City or town..... Glenn Dale, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 1 mo., 20 days
 Hospital, institution, or street address where death occurred:
 Glenn Dale Sanatorium
 How long in hospital or institution?..... 1 mo., 20 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... D. C. County.....
 City or town..... Washington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 3124 M. St., N. W.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

SPITLER, Guy

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Divorced
 6.(b) Name of husband or wife Gertrude O'Neill
 6.(c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) September 26, 1885
 8. AGE: Years Months Days If less than one day
 62 62 9 7 hrs. min.

9. Birthplace Carroll, Indiana
 (Town, county, and state)
 10. Usual occupation Gardening
 11. Industry or business
 12. Name David Spitler
 13. Birthplace Carroll, Indiana
 14. Maiden name Margaret Aulbaugh
 15. Birthplace Carroll, Indiana

16. Informant Deceased
 Address
 17. Removal to Wash. D.C. July 5, 1948
 (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)
 Cemetery or crematory
 Location
 18. Funeral director Martin W. Hyslop
 Address 1300 N. St., N.W.
 19. July 5, 1948 Rowland S. Philips
 (Date signed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3, 1948, at 3:40 P.M.
 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from May 12, 1948, to July 3, 1948
 and that I last saw him alive on July 2, 1948
 Immediate cause of death Pulmonary tuberculosis
 DURATION 14 months
 Due to
 Due to
 Other conditions
 (Include pregnancy within 8 months of death)

Major findings of operations..... Date of op.
 Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Daniel Leo Finckel MD.
 M. D. or other
 Address Glenn Dale, Md. Date signed 7/3/48

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JUL 16 1948
BUREAU V. S.

Evidence for change of
age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

FILM No. G 116 AUG 4 - 1948

CERTIFICATE OF DEATH

Reg. Dist. No.

07525

245

1. PLACE OF DEATH:

County Prince Georges

City or town Riverdale

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7 years

Hospital, institution, or street address where death occurred:

4909 Tuckerman Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Prince Georges

City or town Riverdale

(If outside city or town limits, write RURAL and give nearest town)

Street No. 4909 Tuckerman Street

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

William Stack

3. (b) Social Security Number

577-03-8969

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Divorced

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

December 31, 1872

6. (c) If alive, give age

8. AGE:

Years

Months

Days

If less than one day

75

6

25

.....hrs.min.

9. Birthplace Ireland

(Town, county, and state)

10. Usual occupation

Retired

11. Industry or business

FATHER

12. Name William Thomas Stack

13. Birthplace Ireland

MOTHER

14. Maiden name Unknown

15. Birthplace Ireland

16. Informant Mrs. Clifton R. King

Address 5800 - 45th Ave., Hyattsville, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

July 28, 1948

Cemetery or crematory Cedar Hill

Location Southland, Md.

18. Funeral director

S. J. Archibald

Address Hyattsville, Maryland

19. July 27

(Date read by registrar)

19. 48

J. J. Berry

Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH July 25

48

3.30P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on

Immediate cause of death

Coronary Occlusion

DURATION

Sudden

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings at operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Manner of injury

Injured at work?

23. SIGNATURE

John J. Maloney, M.D.

M.D. or other

Address

Chesapeake, Md.

Date signed 7-25-48

MARGIN RESERVED FOR BINDING

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VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 07526 243

1. PLACE OF DEATH

County Pro George
City or town High Bridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 months
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State md County Pro Geo
City or town High Bridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. Delapel Rd
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

George B. Mc Cellan Stewart

3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married
6. (b) Name of husband or wife Elizabeth Stewart
6. (c) If alive, give age 60 years
7. Birth date of deceased (mo., day, yr.) Aug 23. 1863
8. AGE: Years 84 Months Days It less than one day
hrs. min.

9. Birthplace Ripley w. Va
(Town, county, and state).

10. Usual occupation farmer

11. Industry or business

FATHER 12. Name John Stewart

13. Birthplace unknown

MOTHER 14. Maiden name Elizabeth Koon

15. Birthplace unknown

16. Informant Elizabeth Stewart

Address High Bridge md

transportation Date thereof July 11. 1948
(Burial, cremation, or removal, Which) (month) (day) (year)

Cemetery or crematory Ripley

Location Forest Pra

18. Funeral director F. Gaschings

Address High Bridge md

19. July 10 48 Amanda Downey Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10. 48 19 5:15 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 15 19 48 to July 10 19 48
and that I last saw him alive on July 11 19 48

Immediate cause of death Chronic myocarditis
DURATION 3 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert D. Mc L. ... M. D. or other

Address Laurel Md Date signed 7/10/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS-415

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JUL 16 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

93d

075275
445

Reg. Dist. No.

1. PLACE OF DEATH: From County
 County Pennsylvania
 City or town 2 mi. Hospital
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 mi.
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution? 2 mi.

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State 2nd County Pennsylvania
 City or town Bethesda
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. R7D
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

JULIA LAUMAN STUART

3. (b) Social Security Number

4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced widowed

6.(b) Name of husband or wife none

7. Birth date of deceased (mo., day, yr.) Oct 30 1922 6.(c) If alive, give age in years

8. AGE: Years 70 1877 Months Oct 30 Days 30 If less than one day hrs. min.

9. Birthplace MT. HOLY SPRING, PENNA
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name W. H. LAUMAN13. Birthplace Dillsburg, PENNA14. Maiden name SALLY ANN ZUG15. Birthplace MT. HOLY SPRING, PENNA16. Informant SALLY S. BUDDAddress Bethesda, Md

17. BURIAL Date thereat July 27 1968
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory M. CemeteryLocation MT Holy Springs, CARLE, PENNA18. Funeral director W. R. SelbyAddress LAUREL, MARYLAND19. July 24 1948 James Berry

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 - 1948, at 9:15 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7-24 1948 to July 23 1948
 and that I last saw him alive on 7-23 1948

Immediate cause of death Cerebral Hemorrhage DURATION 5 hr

Due to Hypertension - myocardial

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M. D. or otherAddress Laurel Md Date signed 7/24/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. **07528 234**

1. PLACE OF DEATH:

County Prince Georges
City or town Clinton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 9 hours
Hospital, institution, or street address where death occurred:
Piscataway Road
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Prince Georges
City or town Clinton
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

Maggie Virginia Jayman

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
6.(b) Name of husband or wife George A. Jayman
7. Birth date of deceased (mo., day, yr.) 1878 6.(c) If alive, give age _____ years
8. AGE: Years 70 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Maryland (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business Home
FATHER 12. Name Henry Bradley
13. Birthplace Maryland
MOTHER 14. Maiden name unknown
15. Birthplace unknown

16. Informant Charles Andrew Jayman
Address Clinton, Md
17. Burial Date thereof 7-27-48
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory St Mary
Location Piscataway Rd
18. Funeral director Smith & Ryan
Address Waldorf Md
19. 7-23 19 48 Mrs. Helen Davis
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH July 23 1948 at 5:30 P
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19_____, to _____ 19_____,
and that I last saw him _____ alive on _____ 19_____,

Immediate cause of death acute congestive heart failure
Due to cardiovascular system disease
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____
Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____ (City or town) _____ (County) _____ (State)
Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work? _____
23. SIGNATURE James D. [illegible] M. D. of other _____
Address Forestville Md Date signed 7-23-48

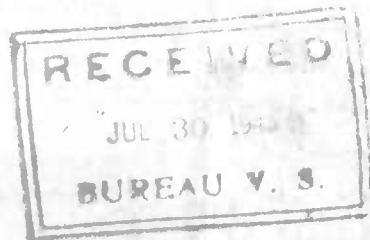
MARGIN RESERVED FOR BINDING

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VS A15 9-45-15M

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



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8761

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 230

1. PLACE OF DEATH: Prince Georges'
County LAKE LAND
City or town 50 yrs
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
4808 LAKE LAND ROAD
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince Georges'
City or town LAKE LAND
(If outside city or town limits, write RURAL and give nearest town)
Street No. 4808 LAKE LAND RD.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME BEATRICE (NMN) THOMAS

3. (b) Social Security Number

4. Sex FEMALE 5. Color or race Colored 6. (a) Single, married, widowed, or divorced MARRIED
6. (b) Name of husband or wife William Joseph THOMAS
7. Birth date of deceased (mo., day, yr.) MAY 15 - 1896
6. (c) If alive, give age 62 years
8. AGE: Years 52 Months 1 Days 20 It less than one day - hrs. - min.

9. Birthplace WASHINGTON, DC.
(Town, county, and state)
10. Usual occupation Housewife

11. Industry or business
12. Name SAMUEL Hughes
13. Birthplace MARYLAND
14. Maiden name HARRIET Hughes
15. Birthplace MARYLAND

16. Informant William Joseph THOMAS
Address LAKE LAND, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 9, 1948
(month) (day) (year)
Cemetery or crematory Lincoln Cemetery
Location Prince Georges

18. Funeral director Henry S. Washington & Son
Address 467 N. St. N.W. Wash. D.C.

19. July 5th 19 48
(Date signed by registrar) John D. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5 JULY 1948 at 1 A. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5 June 1948 to 5 JULY 1948
and that I last saw him/her alive on 4 JULY 1948

Immediate cause of death METASTATIC CARCINOMA OF LUNGS, bilaterai DURATION 9 mos
Due to CARCINOMA OF 5 yrs
Due to BREAST

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. H. Etienne M. D. o
T. Berwyn, Ind Address Date signed 7-5-48

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JUL 7 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07530

Reg. Dist. No. 245

1. PLACE OF DEATH:

County... Prince Georges

City or town... Hyattsville, Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 years

Hospital, institution, or street address where death occurred:
4922-40th Place

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Hyattsville
(If outside city or town limits, write RURAL and give nearest town)Street No. 4922-40th Place
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Maggie May Tierney

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife John Tierney

7. Birth date of deceased (mo., day, yr.) June 30, 1884
6. (c) If alive, give age 78 years

8. AGE: Years 64 Months Months Days 6 If less than one day hrs. min.

9. Birthplace Cambridge, Maryland
(Town, county, and state)

10. Usual occupation Waitress

11. Industry or business Construction

12. Name William Burton

13. Birthplace Maryland

14. Maiden name Hester Ann Thomas

15. Birthplace Maryland

16. Informant Elsie May Travers

Address 4922-40th Place, Hyattsville, Md.

17. Burial Date thereat July 9, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Cambridge Cemetery

Location Cambridge Md

18. Funeral director J. Paschke

Address Hyattsville Md

19. July 9, 1948 Mrs. Jas. Severe Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1948 at 9.15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19

and that I last saw h. alive on 19

Immediate cause of death

Hypertensive Heart Disease

Due to

Due to

Other conditions Diabetes

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John J. Maloney, Dep. Med. Exam

Address Churley, Hyattsville Date signed 7-6-48

MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUL 10 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Prince George
 City or town Chesapeake Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 da 8 hr 10 min
 Hospital, institution, or street address where death occurred:
Prince Georges' Gen'l Hospital
 How long in hospital or institution? 1 da 8 hr 10 min

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Ind County Pro Geo
 City or town Ellettsville Ind
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 6007-41 Ave
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Martha G. Gilson

3. (b) Social Security Number

4. Sex f 5. Color or race white 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) June 15, 1870
 8. AGE: Years 78 Months _____ Days 19 If less than one day _____ hrs. _____ min.

9. Birthplace New York
 (Town, county, and State)
 10. Usual occupation at home
 11. Industry or business Wm Goodrich

12. Name Fidelia King N.Y.
 13. Birthplace N.Y.
 14. Maiden name Fidelia King
 15. Birthplace N.Y.

16. Informant Mrs Mary J. Lichtenhan
6007-41 Ave
Ellettsville Ind
transportation
 Date thereof July 6, 1948
 (Burial, cremation or removal, which?)

Cemetery or crematory North Norwich Cemetery
Norwich, N.Y.
 Location

18. Funeral director E. Lascha Sons
Ellettsville Ind.
 Address

19. July 5 19 48 Amanda Downey
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-4 19 48 at 5⁴⁵ A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5-1 19 48 to 7-4 19 48
 and that I last saw him alive on 7-3 19 48

Immediate cause of death Pulmonary Atrophy & Emphysema DURATION 2 yrs

Due to Chronic Bronchial Asthma 60 yrs.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results Same

PHYSICIAN: Please underwrite the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W.B. Moyer M.D.

Address Int. Rainier Ind. Date signed 7-4-48

RECEIVED

JUL 7 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

231

1. PLACE OF DEATH:

County Prince GeorgesCity or town Cheverly
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 hours

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George'sCity or town Cheverly
(If outside city or town limits, write RURAL and give nearest town)Street No. 2409 Cheverly avenue
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Raymond Stanley Weaver

3.(b) Social Security Number

4. Sex <u>male</u>	5. Color or race <u>white</u>	6.(a) Single, married, widowed, or divorced <u>single</u>
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6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Jan. 21, 1933
8.(c) If alive, give age..... years

8. AGE: <u>15</u> Years	<u>5</u> Months	<u>23</u> Days	It less than one day hrs. min.
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9. Birthplace San Diego California
(Town, county, and state)10. Usual occupation student

11. Industry or business

12. Name Austin Wallace Weaver13. Birthplace Craigsville Virginia14. Maiden name Cecilia Caplis15. Birthplace Boston Mass16. Informant Mrs Cecilia WeaverAddress Cheverly Md.17. Burial Date thereof July 17, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Fort LincolnLocation Colmar Manor Md.18. Funeral director F. Gasch's sonsAddress Hyattsville Md.19. 7/16 48 Amanda Downey
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1948 at 3.00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19....., to..... 19.....

and that I last saw him..... alive on..... 19.....

Immediate cause of death.....

Asphyxia

Due to.....

Electric shock

Due to.....

Lightening

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of July 14, 48Where did injury occur? Cheverly P. Geo Md.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) farmMeans of injury Struck by lightning Injured at work?23. SIGNATURE John J. Maloney Dep. Med. ExaminerAddress Cheverly-Hyattsville M. D. or otherDate signed 7-15-48

RECEIVED

JUL 19 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Line correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 0753343

1. PLACE OF DEATH:

County: Prince Georges Co
 City or town: seabrook Md
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 39 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Samuel Manley whedbee

4. Sex

Male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Annie C whedbee

7. Birth date of deceased (mo., day, yr.)

Nov 17, 1878

8. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

69

hrs.

min.

8. Birthplace

Pa

(Town, county, and state)

10. Usual occupation

Telegraph

11. Industry or business

operator

FATHER

12. Name

George W whedbee

13. Birthplace

N.C.

MOTHER

14. Maiden name

Mary Blunt

15. Birthplace

N.C.

16. Informant

Annie C. whedbee

Address

seabrook Md.

17. Burial

(Burial, cremation, or removal, which?)

Date thereof

July 20, 1948

Cemetery or crematory

Glendale Cemetery

Location

Glendale Md

18. Funeral director

F Broski sons

Address

Hyattsville Md.

19. Date rec'd by registrar

July 20, 1948

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Prince GeorgeCity or town: seabrook
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 18, 1948 at 4:15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 25, 1948 to July 16, 1948and that I last saw him alive on 7/16/48

Immediate cause of death

Cholemia

DURATION

week

Due to

Cirrhosis of liver

Due to

Other conditions

Cholelithiasis

(Include pregnancy within 8 months of death)

Major findings of operation

Cholelithiasis, AscitesCirrhosis of liverDate of op. 6/8/48

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John W. Bayly

M. D. or other

Address

1726 Eye NWDate signed 7/18/48

RECEIVED

JUL 27 1948

BUREAU V; S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 0753042

1. PLACE OF DEATH:

County Prince GeorgeCity or town West Lanham Hills
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 yrs

Hospital, institution, or street address where death occurred:

7703 Emerson Rd. West Lanham Hills Md.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince GeorgeCity or town West Lanham Hills Md.
(If outside city or town limits, write RURAL and give nearest town)Street No. 7703 Emerson Rd.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

ANNIE Z. WHITE

3. (b) Social Security Number

4. Sex

FEMALE

5. Color or race

White

6. (a) Single, married, widowed, or divorced

widowed8. (b) Name of husband or wife RALPH White

B. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) about 1863

8. AGE: Years Months Days If less than one day

85 hrs. min.9. Birthplace CANTARIO, CANADA
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name FELIX PINSINHAULT13. Birthplace CANADA14. Maiden name ZINIAZ PILON15. Birthplace CANADA16. Informant Mrs. Catherine Tyler daughterAddress 7703 Emerson Rd. West Lanham Hills Md.17. Burial Date thereof July 31, '48

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Fort Lincoln CemeteryLocation Colmar Manor, Md.18. Funeral director W. W. Chambers CoAddress 517 11th St SE19. 7/28 19 48 Amanda H. Journey

(Do not rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/28/ 19 48 at 7:00 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 26, 19 48, to July 28, 19 48.and that I last saw him alive on July 28, 1948 19Immediate cause of death Coronary Heart Failure

DURATION

Due to Arterio-Sclerosis

Due to

Other conditions Hemiplegia Edema

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Albert Rott M.D.

M. D. or other

Address Lanham Date signed 7/28/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 2 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 07535 232

1. PLACE OF DEATH:

County Prince Georges

City or town Upper Marlboro
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 weeks

Hospital, institution, or street address where death occurred:

Co. Jail

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Prince Georges

City or town Rosaryville
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2(a) If veteran, name war no

3. (a) FULL NAME

William Wilby (Wilkes)

3. (b) Social Security Number

4. Sex

Male

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife Carrie Brown Wilkes

6. (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Jan. 29, 1874

8. AGE:

Years

Months

Days

If less than one day

74

5

13

hrs.

min.

9. Birthplace Poplar Hill, Md.

(Town, county, and state)

10. Usual occupation Farmer.

11. Industry or business

12. Name Robert Wilkes

13. Birthplace Poplar Hill

14. Maiden name Chrissie Brown

15. Birthplace Poplar Hill

16. Informant John Louis Brown

Address Upper Marlboro Rt. 1, Md.

17. Burial
(Burial, cremation, or removal. Which?)Date thereof July 15, 1948
(month) (day) (year)

Cemetery or crematory Holy Rosary Cemetery

Location Rosaryville, Md.

18. Funeral director Ritchie Bros.

Address Upper Marlboro, Md.

19. July 13, 1948 Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12, 1948, at 7:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 24, 1948, to July 11, 1948
and that I last saw him alive on July 11, 1948

Immediate cause of death

Cerebral Hemorrhage

DURATION

24 hrs.

Due to

Due to

Other conditions

Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations

None

Date of op.

Autopsy results

No

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE. If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

James F. Juncer

M. D. or other

Address Upper Marlboro, Md. Date signed 7-12-48

RECEIVED

JUL 14 1948

BUREAU V. S.

RECEIVED

JUL 29 1948

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 234

1. PLACE OF DEATH:

County Prince George's

City or town Clinton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 years

Hospital, institution, or street address where death occurred:
Thrift road

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George's

City or town Clinton
(If outside city or town limits, write RURAL and give nearest town)

Street No. Thrift road
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

William Ernest Windsor

3. (b) Social Security Number

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

widowed

6. (b) Name of husband or wife Catharine Irene Windsor

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

May 30, 1878

8. AGE:

Years

Months

Days

If less than one day

70

hrs. min.

9. Birthplace

Maryland
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

FATHER

12. Name

William Pink Windsor

FATHER

13. Birthplace

Maryland

MOTHER

14. Maiden name

Eleanor Jenkins

MOTHER

15. Birthplace

Maryland

16. Informant

Thomas T. Windsor

Address

Clinton, Md

17.

(Burial, cremation, or removal. Which?)

Date thereof

7-15-48
(month) (day) (year)

Cemetery or crematory

St Johns

Location

Clinton Md

18. Funeral director

H. W. & H. W. R. R.

Address

Waldorf Md

19.

(Date rec'd by registrar)

7/14

1948

Issued by
M. H. Moore
Chas. Co.

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 13

19

48 at 6:00 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19

to

19

and that I last saw him alive on

19

Immediate cause of death

acute congestive
heart failure

Due to

cardiovascular renal
disease

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Deputy Medical Examiner

Address

Forest Hills Md

Date signed

7-13-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

T

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In case of age is especially important. Physicians: please write the causes of death clearly and legibly.

